



**SUNRISE
REGIONAL HEALTH AUTHORITY**

2005-2006

ANNUAL REPORT

Table of Contents

	Page
TABLE OF CONTENTS _____	2
LETTER OF TRANSMITTAL _____	3
WHO WE ARE _____	4
OUR REGION _____	10
2005-2006 RESULTS AT A GLANCE _____	13
2005-2006 PERFORMANCE RESULTS _____	15
FUTURE OUTLOOK AND EMERGING ISSUES _____	20
MANAGEMENT REPORT _____	22
2005/2006 FINANCIAL REPORT _____	23
GOVERNANCE AND TRANSPARENCY _____	52
PERFORMANCE MANAGEMENT SUMMARY (INDICATOR TABLES) _____	61
APPENDICES:	
A. SUPPORTING DOCUMENTS AVAILABLE _____	70

To view a copy of this report on-line, visit the Sunrise Health Region website at www.sunrisehealthregion.sk.ca. Click on 'Documents' at the top of our home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:

Park Unit (Yorkton Regional Health Centre campus)
270 Bradbrooke Drive
Yorkton, Saskatchewan S3N 2K6

or by calling (306) 786-0110.

Letter of Transmittal

June 30, 2006

The Honourable Len Taylor
Minister of Health
Province of Saskatchewan

Dear Mr. Taylor:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-2006 Annual Report.

The report provides the audited financial statements of the region for the year ended March 31, 2006. The report also outlines the region's activities and accomplishments for the period.

Respectfully submitted,



Ivan Peterson
Chairperson
Sunrise Regional Health Authority

Who We Are

The mission of the Sunrise Health Region is *to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.*

In support of this mission, our board, management, staff, volunteers and physicians will strive to abide by the following values:

We will promote a positive work environment that is safe and secure, stimulating, challenging and enjoyable.

We will serve in a caring, concerned and compassionate manner.

We will provide the highest possible quality in all aspects of care and service delivery.

We will base our decisions on the best available evidence.

We will treat people with dignity, respect and trust.

We will communicate openly and honestly.

We will acknowledge the rights and responsibilities of individuals, both in receiving and delivery of care or service.

We will fulfill our mission by pursuing teamwork, partnership and collaboration.

We will be accountable for our actions to the people we serve and to each other.

We will be responsive to the culturally-diverse needs of the people we serve.

The mission and values of the health region are devoted to achieving our long-term vision: *Working together ... for healthy people in healthy communities.*

The vision, mission and values of Sunrise Health Region support the Performance Plan produced by Saskatchewan Health, which contains a provincial vision – *Building a province of healthy people and healthy communities* – and a common set of four goals and objectives for the health system:

- *Improved access to quality health services*
- *Effective health promotion and disease prevention*
- *Retain, recruit and train health providers*
- *A sustainable, efficient, accountable, quality health system*

The Sunrise Regional Health Authority (RHA) provides health services to the residents of 51 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 58,000 Saskatchewan residents in total.

Roughly 2,700 staff members (2,000 full-time equivalents) in the region provide and support health care through community-based services and within our 24 facilities. The region's head offices are located in Yorkton, a city of 17,000 residents, which is both the largest and the most central community in the region.

Services provided to this population include a comprehensive range of preventive/promotive, acute, supportive and rehabilitative services, provided in institutions, communities and people's homes. Specifically, in 2005-2006 Sunrise Health Region:

- operated six hospitals in Yorkton, Melville, Esterhazy, Kamsack, Canora and Preeceville, for a total of 185 acute care beds; plus an additional 18 acute mental health inpatient beds in Yorkton.
- operated sixteen long-term care facilities (some of which are integrated with hospitals) in thirteen communities, providing a total of 900 long-term care and respite beds.
- provided over 34,000 hours of home care nursing service, and over 112,000 hours of home health aide services.
- provided 40,000 physiotherapy and occupational therapy visits (including over 7,000 new clients).
- served 65,500 emergency room visits (to the six hospitals).
- delivered 671 babies.
- provided a wide range of health promotion and illness prevention services across the region and in partnership with many community organizations and human services providers.

Sunrise is greatly assisted in the provision of services by its partnerships with the following health care organizations:

KidsFirst

KidsFirst is an early childhood development program, intended to provide vulnerable children with the best possible start in life, and to ensure they will be nurtured and supported by well-functioning families and communities. KidsFirst provides home visiting services, early learning and child care spaces, mental health and addiction counselling, and other supports to families in need. Sunrise Health Region is the accountable partner and provides KidsFirst with financial, payroll and information technology services for a fee.

Parkland Alcohol and Drug Abuse Society (PADAS)

PADAS, located in Yorkton, is a non-profit organization that offers services to anyone troubled by their own or someone else's use of alcohol or drugs. Sunrise Health Region contracts with PADAS for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided.

Saul Cohen Centre, Melville

Located in Melville, the Saul Cohen Centre is a non-profit organization offering counselling regarding the use or misuse of drugs or alcohol. Centre staff provide services in Esterhazy twice a week, and in Ituna bi-weekly. Sunrise Health Region provides financial and payroll services to the centre, as indicated in the region's audited financial statements.

Society for the Involvement of Good Neighbours (SIGN)

SIGN is a private non-profit corporation located in Yorkton that partners with local agencies and organizations to develop and deliver needed services to area residents. Sunrise Health Region contracts with SIGN for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided.

Emergency Medical Services

Emergency medical services, ambulance services, and First Responder services are provided to communities in the health region by a combination of contract ambulance services and district-owned services. The ambulance services in the region are:

Privately contracted:

Canora Ambulance Care
Crestvue Ambulance Services (Yorkton and area)
Duck Mountain Ambulance Care (Kamsack, Norquay and area)
Preeceville Ambulance Service
Shamrock Ambulance Service (Foam Lake and area)

RHA owned and operated:

Esterhazy Emergency Medical Service (formerly Kilbach's Ambulance Service, a private contractor, purchased by Sunrise Health Region in 2005)
Ituna Emergency Medical Service
Langenburg Emergency Medical Service
Melville Emergency Medical Service

Affiliated Health Care Organizations: St. Paul Lutheran Home, Melville; St. Peter's Hospital, Melville; St. Anthony's Hospital, Esterhazy

These three faith-based facilities are affiliates of Sunrise Regional Health Authority. St. Paul Lutheran Home is a 144-bed long-term care facility; St. Anthony's is a 22-bed hospital; and St. Peter's is a 30-bed hospital. (St. Paul and St. Peter's are located together with the Saul Cohen Centre and community-based services in Melville, as part of the Melville District Health Centre). Their financial and operational relationship with the health region is defined by *The Regional Health Services Act*. Each is governed by its own Board of Directors, which appoints a facility administrator to oversee the facility's staff and management team. The three affiliates and Sunrise Health Region have a very close, and almost completely integrated, management team. All policies and procedures of the region (that do not infringe upon the faith-based mandates of the organizations) are

followed by the affiliates; human resource, finance and operational support services are fully integrated.

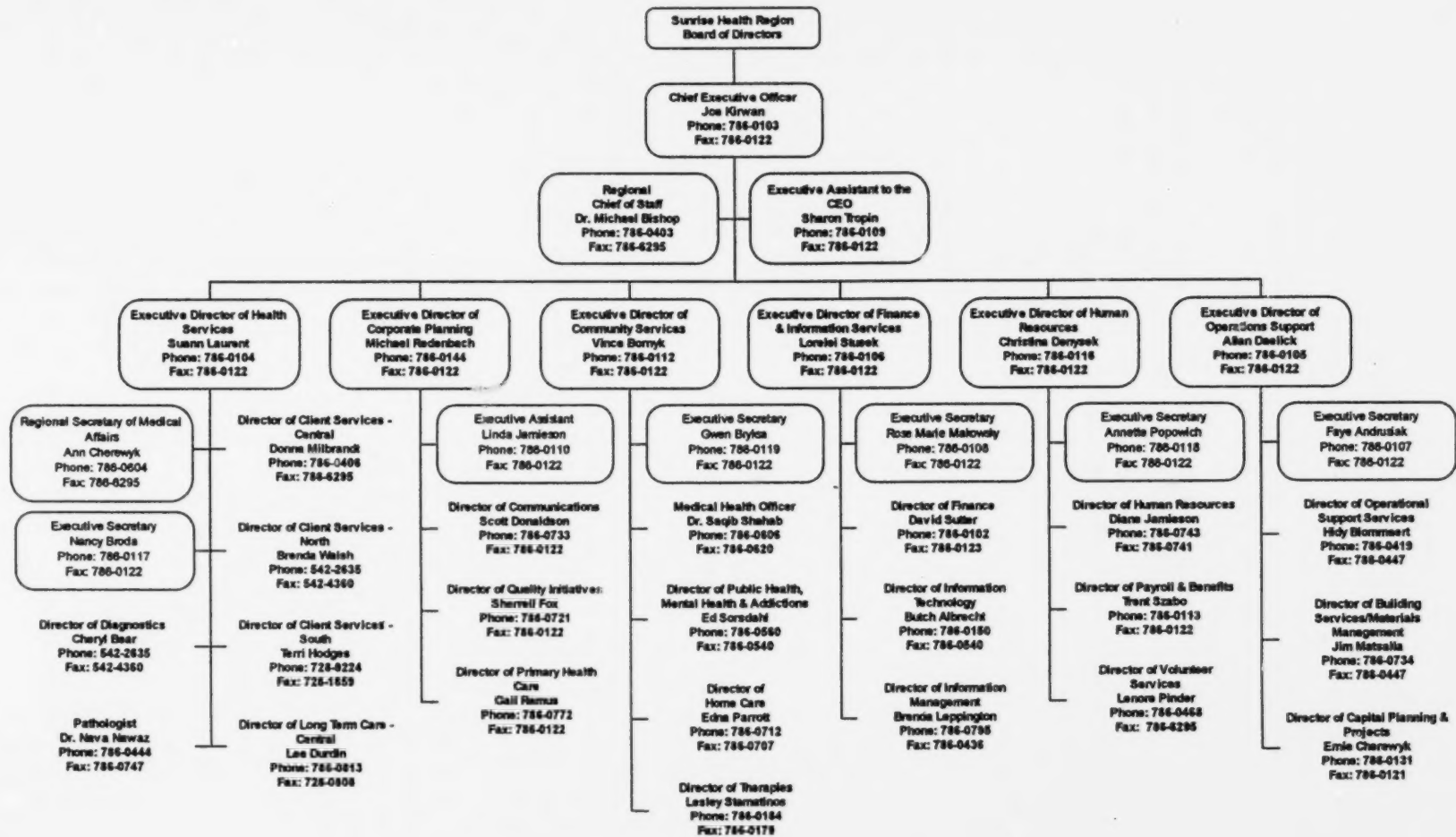
One of Sunrise Health Region's most proud accomplishments is its highly cooperative, successful, and proactive relationship with the affiliated health care organizations.

In providing the above services, Sunrise faces a number of risks that it attempts to mitigate through a variety of means. The risks, and their mitigations, include:

- Financial pressures in the short and long term. With limited opportunity to independently generate revenues, and government direction to maintain status quo in services, Sunrise is highly dependent on receiving adequate provincial funding. Since its inception in 2002, Sunrise has successfully managed its budget, achieving surpluses in three of four years (in the fourth year the deficit was relatively small and manageable). This successful management of the budget has not come without some difficult decisions, including decisions not to invest in areas (such as capital investments), that might be imprudent in the long run. In the long term, the region (in cooperation with the Department of Health) will need to address its line-of-credit obligations and other indebtedness. Strategies to address the line-of-credit have been deferred since the region's formation.
- Capital investment. Like all health regions, and like the Department of Health as a whole, Sunrise is faced with a growing list of capital requirements that far exceed available funds. Facility repair, maintenance and replacement is not being undertaken at the pace that it should. Much capital equipment (including diagnostic and surgical equipment, information technology, beds and other 'basic' equipment) is also in need of replacement. To address this risk Sunrise annually prepares a capital management plan that outlines the highest priority capital needs, and the potential sources of funding including CMHC (Canada Mortgage and Housing Corporation) reserves, health foundations (and other donations), trust committees, provincial funding and health region capital allocations.
- Physician availability. In the past year, Sunrise Health Region has experienced a growing frequency of 'crises' associated with physician availability in rural communities. Preeceville, Canora, Kamsack and Melville all have fewer physicians than they had only two years ago, and the ability of the remaining physicians to provide the needed services (and maintain hospital and emergency room services) is severely stretched. Physician recruitment has become an ongoing and very time-consuming activity. On several occasions in the past year Kamsack Hospital was closed to emergency patients (while maintaining inpatient services). This event will most certainly re-occur in 2006-2007, and will also likely occur in Canora and Preeceville. To address this risk Sunrise is working closely with local towns and municipalities to recruit physicians. In the long term, however, if recruitment continues to be as difficult as it has been, decisions will need to be made about the types of services that can be provided in some rural hospitals, and the ways in which those services will be provided. This is an emerging trend province-wide, and has the potential to jeopardize the ongoing operation of hospitals.

- Availability of other human resources. The recruitment of Registered Nurses and other 'hard-to-recruit' professionals continues to be difficult. While Sunrise has had considerable success in recruitment, we must continue to be very successful merely to keep pace with retirements. Demographic factors alone (aging of the workforce and pending retirements) do not bode well for the future. Sunrise has been very active in recruiting and looks forward to complementing the province's workforce action plan.
- Patient safety. Provincially and nationally there is a greater awareness of the need of health care organizations to address patient safety proactively, and implement best practices wherever possible. To this end Sunrise works closely with Health Quality Council, and is undergoing an accreditation survey in 2006 (during which the region will be assessed against 21 required organizational practices for patient safety). Most notably perhaps, Sunrise has identified patient safety and quality improvement as one of its five strategic goals.

**SUNRISE HEALTH REGION
EXECUTIVE LEVEL
ORGANIZATIONAL CHART**



Our Region

Demographics and Other Factors

Sunrise Health Region has a total covered population of 57,543 (2005 Covered Population). As with all rural health regions in Saskatchewan, Sunrise has experienced a trend of slowly decreasing population over many years. Within the region, the population is migrating toward larger communities, and in particular, to the City of Yorkton which has a population of 17,261 – 30% of the region's total population.

Other larger communities in the region, and their respective populations, are Melville (4,531); Esterhazy (2,648); Canora (2,406); Kamsack (1,957); Preeceville (1,262); Foam Lake (1,243); and Langenburg (1,134). These seven communities have a total population of 15,181 – representing 26% of the region's population.

The remaining 23,101 regional residents are dispersed throughout 82 rural municipalities, towns, villages and hamlets. Also included in that total are 1,622 residents of the Cote, Key, and Keeseekoose First Nations. Approximately 5.6% of the region's total population is of aboriginal descent, while less than 1% of the population consists of other visible minorities.

Perhaps the key characteristic of the health region's population is that it is significantly older than the provincial average; its population can be appropriately described as the **oldest** in the province. Approximately 22% of the health region's population are over age 65 (provincially, 14.5%), while 12% are over the age of 75 (provincially, 7.6%).

The age of our population is also represented in the region's dependency ratio – the ratio of young and older people compared to the working age population. Sunrise has among the highest dependency ratios in Canada, with the exception of regions in northern parts of provinces, at 67.4. (The dependency ratio is the number of youth under age 15 plus the number of seniors 65 and over, divided by the number of people age 15 to 64).

There are no local economic trends of significance that will have an effect on the 2005-2006 operational plan for the Sunrise Health Region. On a province-wide basis the strength of the agriculture industry (or the weakness) will continue to contribute to the population shift in the province and will need to be considered in the long term.

Health Status and Outcome Indicators

The following table provides information on the health status of the population of Sunrise Health Region, in comparison to the provincial average and other health regions. *SHR* indicates the Sunrise Health Region rate; *Sask* indicates the provincial average; and *SHR Rank* indicates Sunrise Health Region's ranking relative to other Saskatchewan health regions, with 1 representing the most positive ranking and 12 the least positive ranking.

	SHR	Sask	SHR Rank	Prov Range
Infant Mortality, per 1,000 live births (2002-2004)	4.5	5.9	3	4.0-10.5
Life Expectancy (2001)				
At-birth, Male	75.6	76.2	61	72.1-78.2
At-birth, Female	82.2	81.8	4	76.1-82.8
At 65, Male	16.6	16.9	8	15.6-18.0
At 65, Female	20.8	20.9	6	17.2-21.8
Overweight (BMI 25.0-29.9)	38.3%	35.8%	8	31.7%-41.8%
Obese (BMI>30.0)	25.3%	20.5%	91	16.4%-27.2%
Physical Activity (self-reported, age 12+)				
Active/moderately active	44.7%	49.8%	9	41.7%-56.1%
Inactive	53.0%	47.8%	10	41.0%-56.4%
Smoking Rates				
Total Male	22.6%	24.6%	3	20.8%-40.7%
Total Female	23.3%	23.1%	7	11.6%-42.0%
Self-Reported Health Status				
Excllnt/Vry Gd Health	47.6%	59.5%	11	47.6%-63.7%
Diabetes Rate, per 1,000 population (age adjusted)	55.7	n/a	7	46.1-91.3
Child/Youth Injury Hospitalization Rates per 1,000 population				
Male	14.2	11.1	11	8.4-28.7
Female	7.7	7.1	5	5.3-15.5

** Please refer to source documents for details on the indicators, the sources for their calculations and methodology. The source document used by Sunrise Health Region in preparing this report is "Performance Management Accountability Indicators 2005/2006", prepared by Saskatchewan Health. Within that document, various indicators have different sources and different years from which the information was taken.

** Rankings are based on all 13 health regions. Note that due to their small and unique populations, northern health regions may not always be appropriately comparable.

Infant Mortality

Sunrise has a low infant mortality rate relative to the provincial average. Factors that influence infant mortality rates include effectiveness of pre-natal care, maternal education, drug, alcohol and tobacco use of expectant mothers, and diet/nutritional awareness of expectant mothers. Low infant mortality is also closely related to low birth weight rates. Sunrise has among the lowest average rate of low birth weight babies in the province.

Life Expectancy

Residents of Sunrise Health Region have a life expectancy very close to the provincial average, slightly higher than the provincial average for women and slightly lower for

men. Average life expectancy for a population is influenced by socio-economic factors such as education and income levels, for which Sunrise Health Region compares poorly with the province as a whole. Other factors that influence life expectancy include obesity, being overweight, and level of physical activity. For all of these factors, the health region compares poorly with the provincial average.

Overweight, Obesity and Physical Activity

Sunrise Health Region residents have higher rates of obesity and being overweight, and lower rates of physical activity than the provincial average. These factors interact, and are risk factors for many chronic illnesses such as diabetes and heart disease. Because overweight and obesity were measured in the population 20-64 years of age, and physical activity in population ages 12 and over, lower rates in Sunrise may be due to the fact that we have proportionately more people ages 45 and over, and especially ages 65 and over, compared to other parts of the province.

Smoking Rates

Rates of smoking in Sunrise Health Region are very close to the provincial average – slightly lower for men, slightly higher for women. The City of Yorkton had enacted a civic bylaw that pre-dates the provincial smoking ban legislation by six months, and which includes provisions for smoke-free workplaces.

Self-reported Health Status

The percentage of people in Sunrise Health Region who report their health as either very good or excellent is significantly below the provincial average, and the lowest of all health regions. Self-reported health status can be influenced by age (Sunrise Health Region has the highest percentage of people over the age of 65, and over the age of 75, in the province) and socio-economic status (Sunrise is below the provincial average for income level and educational attainment).

Diabetes Rate

Sunrise is mid-range of health regions for prevalence of diabetes. Diabetes can be influenced by factors for which Sunrise Health Region compares poorly (physical inactivity, high rates of obesity/overweight, age of the population). Diabetes is also of greater prevalence in the First Nations population, which in Sunrise Health Region is about eight per cent of the total population.

Child/Youth Injury Hospitalization Rates

Injury is the leading cause of hospitalization and deaths in children in Canada. Sunrise Health Region is mid-range of health region hospitalization rates, only slightly above the provincial average for both males and females. Hospitalization rates can be affected both by the actual number of injuries, and by hospital admission practices and the availability of hospital beds.

The complete Health Status Report is available at www.sunrisehealthregion.sk.ca.

2005-2006 Results at a Glance

The 2005-2006 fiscal year was a successful one for Sunrise Health Region in many respects. For the most part, the focus of the region was on maintaining the status quo in terms of services offered. However, there were several notable achievements in targeted areas, involving new, expanded or improved services. Examples include:

Goal 1 – Improved Access to Quality Health Services

- Achievement of much-improved rates of retaining general surgery patients. By 2005, 76% of patients (482 out of 632) were having their general surgeries done in the region, a substantial improvement from previous years. This improvement was accomplished through the combined efforts of many people, and included the recruitment of additional general surgeons, a second radiologist, an ophthalmologist, the implementation of CT scanning, and improved sharing of acute/surgical services within hospitals in the region.
- In June 2005 the 93-bed addition to the Yorkton and District Nursing Home (which, in addition to long-term care beds, included respite, rehabilitation and observation beds, physical and occupational therapy department, day wellness program, a chapel, and central kitchen services for Yorkton) opened on time and on budget. Throughout the year additional staffing was provided to the facility, supported significantly by additional funding from Saskatchewan Health.
- Led by the Regional Access Review Committee (ARC), Sunrise implemented a coordinated long-term care placement process resulting in a highly effective means of prioritizing long-term care beds for the applicants most in need. The process has resulted in 91% of long-term care residents in Sunrise being Level IV.
- Utilization of LPNs to their full scope of practice.
- Implementation of CTAS – Canadian Trauma Assessment System – in all hospitals in the region.

Goal 2 – Effective Health Promotion and Disease Prevention

- Investment in Project Hope, resulting in the hiring of a Mental Health/Addictions Health Promotion Coordinator, and the development and implementation of a Regional Drug Strategy.
- Implementation of the Population Health Promotion Strategy, which included the 'Step Up to Health' campaign, the Baby Friendly Initiative, and the development of a community drug strategy.
- The awarding of 43 health promotion grants to community groups throughout the region, for a total of \$29,945.
- Implementation of the Home Care/Mental Health First Ministers' Meeting Accord, including no personal care fees charged for up to 14 days, expanded palliative care services, and a Mental Health Home Support Initiative.

Goal 3 – Retain, Recruit and Train Health Providers

- Sunrise participated in the first province-wide employee opinion survey and will work with managers and staff to implement improvements in the workplace.

- Sunrise Health Region was the sole recipient of a Green Ribbon Award at this year's SAHO Conference, in recognition of its Therapeutic Clowning Program.
- Signed a new partnership agreement with respect to a representative workforce.
- Volunteer recognition and employee long-service awards events held in fourteen communities throughout the region.
- Received provincial project funding for quality workplace improvement.
- Conducted ongoing aboriginal awareness training – a total of 49% of health region staff have received training, including 35% in the 2005-2006 fiscal year.
- A total of 55 RNs and RPNs were hired by the region in the past two years, including 25 in 2005-2006.

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health System

- Continued participation in, and leadership on specific aspects of, the development of an electronic health record in Saskatchewan.
- In addition to the multipurpose facility, the health region also made the following capital investments:
 - Kamsack Hospital – renovation and security upgrade to the main entrance (\$55,000).
 - Yorkton Regional Health Centre – renovations to main entrance and laboratory washrooms for wheelchair accessibility (\$82,400).
 - St. Anthony's Hospital – renovations to emergency room, and addition of second exam room (\$75,000 – funded by St. Anthony's Hospital Foundation).

Financial Summary

- Achieved a surplus budget at the end of the fiscal year – \$141,102.
- Expenditures on program support, as a percentage of overall health region expenditures, have been well below the target of 5.0%.
- Successful management of issues associated with line-of-credit and negative working capital.

2005-2006 Performance Results

The relationship between Sunrise Health Region, the Minister of Health, and the Department of Health is defined by *The Regional Health Services Act*. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of measures which serve to identify priority areas for the region. Examples of this can be seen in the region's focus on sound financial management, improvement of surgical services, improvement of sick leave utilization and other indicators.

The following tables provide data on the accountability indicators, and are organized according to the four goals of the Saskatchewan health care system.

Goal 1 – Improved Access to Quality Health Services

Sunrise has been successful in addressing several provincial priorities at a local level. With the introduction of CT scan services in January 2005, the region moved into full capacity in 2005-2006. Sunrise exceeded its targeted amount of 3,500 CT scans by 6%. Sunrise also continues to increase the number of general surgeries done locally (in Yorkton and Melville), and has a higher-than-average percentage of surgeries that are done as day surgery.

In terms of addressing surgical wait lists, Sunrise has achieved positive results as well. For Priority Level II cases, Sunrise performs 72.9% of its cases within three weeks (this is greater than the provincial average of 56.3%, but less than the targeted rate of 95%). For Priority Level IV cases, Sunrise performs 83.2% of cases within three months (higher than the provincial average of 67.0%, and *above* the targeted rate of 80%). For Priority Level VI cases, Sunrise performs 100% of cases within 12 months (provincial average being 90.8%).

	SHR	Sask	SHR Rank	Prov Range
Number of exams, as a percentage of target for specialized medical imaging services – CT Scans	106%	n/a	n/a	n/a
Number of surgical cases	3,400	n/a	n/a	n/a
Percentage of surgical cases performed as day surgery	61.0%	54.4%	4	39.0%-66.6%
Percentage of surgical cases Completed within Saskatchewan's Target Time Frames				
Priority Level II	72.9%	56.3%	3	44.1%-97.5%
Priority Level IV	87.6%	65.1%	6	46.4%-100.0%
Priority Level VI	100.0%	84.2%	1t	72.9%-100.0%

Percentage of RHA population
with geographic proximity to a
primary health care team

0.0% 26.6% 13 0.0%-100.0%

With regard to Primary Health Care teams, Sunrise Health Region has three teams currently operating in the communities of Foam Lake, Langenburg and Norquay, and surrounding areas. These three teams collectively serve a population of approximately 10,000 – representing 17.4% of the region. These teams, however, have not met some of the criteria required by Saskatchewan Health and as a result are not included in the official accounting of teams as demonstrated in the above statistics.

In its newly-developed strategic plan, Sunrise has created two goals to supplement the provincial goal: ‘Align Service to Changing Needs’ (access); and ‘Enhance a Culture of Safety and Quality’ (quality).

Goal 2 – Effective Health Promotion and Disease Prevention

	SHR	Sask	SHR Rank	Prov. Range
Percentage of facilities in compliance with The Tobacco Control Act in the category that includes: billiard halls/ bingo establishments/bowling centers/ casinos/restaurants/taverns				Data is currently not available for this indicator

Aside from the enforcement of The Tobacco Control Act, Sunrise Health Region has placed much emphasis on health promotion and disease prevention. Specific initiatives include:

- the Population Health Promotion Strategy (and specific work groups devoted to Physically Active Communities; Mental Health and Wellbeing; Decreasing Substance Use and Abuse; and Access to Nutritious Food).
- establishment of the Chronic Disease Team (formerly the Diabetes Steering Committee) to provide more focus on addressing chronic disease management. The region also has two physician practices (in Langenburg and Melville) participating in Health Quality Council’s Chronic Disease Management Collaborative.
- advancement of the Baby Friendly Initiative.
- work to improve communication with aboriginal communities and organizations.

Goal 3 – Retain, Recruit and Train Health Providers

Sunrise Health Region has seen slow but steady improvement in its sick leave utilization. Statistics for CUPE, in particular, have shown a marked improvement to the point that Sunrise is one of the best-performing regions among the provider unions. In fact, Sunrise’s sick leave utilization is below the provincial average for all affiliations (CUPE, HSAS, SUN, out of scope). As part of its strategic plan, Sunrise has identified further improvements as a key initiative.

For overtime and other premium hours, Sunrise has some room to improve. For all of the affiliations except CUPE, Sunrise's premium hours are above the provincial average.

	SHR	Sask	SHR Rank	Prov Range
Number of sick leave hours, per full-time equivalent				
CUPE	85.22	90.60	4	79.59-116.42
HSAS	49.80	64.00	3	45.01-123.48
SUN	82.87	91.94	6	53.66-98.79
OOS	37.28	48.09	4	30.44-61.87
All affiliations	80.07	85.18	4	69.24-103.96

Number of wage-driven premium hours (overtime and other premiums) per full-time equivalent by affiliation

CUPE	31.30	32.83	8	15.22-80.89
HSAS	35.20	24.75	8	0.35-88.09
SUN	85.52	72.44	8	24.61-426.41
OOS	4.20	3.17	7	0.00-10.15
All affiliations	39.66	38.06	8	17.96-130.02

Distribution of health system full-time equivalents (FTEs) by affiliation

CUPE	1413.66	16737.98	3	n/a
HSAS	94.53	1869.41	4	n/a
SUN	365.45	5806.28	4	n/a
OOS	127.29	2474.38	5	n/a
All affiliations	2000.93	26956.18	3	n/a

Number of lost-time WCB claims per 100 full-time equivalents (FTEs)

8.65	8.07	10	4.48-10.57
------	------	----	------------

Number of lost-time WCB days per 100 full-time equivalents (FTEs)

594.27	447.10	11	190.64-618.66
--------	--------	----	---------------

Other successful activities related to retaining, recruiting and training of health providers include:

- ongoing professional development in the areas of clinical education, preceptor training and recognition, and Alternate Dispute Resolution training.
- recruitment successes for Registered Nurses, Public Health Inspectors, Pharmacists, and Psychologists.
- acceptance as a pilot site for career pathing through the representative workforce strategy.
- participation in the provincial employee opinion survey.
- signing of partnership agreement for a representative workforce.
- ongoing training for N95 fit testing (as part of pandemic preparedness).
- increase in flu immunization rates for staff.

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health Care System

Sunrise Health Region has devoted considerable time and effort to its concern-handling processes. In 2005-2006 the number of client contacts increased by 70% over the previous year (from 164 to 280). Despite this very large increase, the region concluded 89% of concerns within 30 days (above the provincial average of 83%).

	SHR	Sask	SHR Rank	Prov Range
Percentage of critical incidents meeting timeframe for notification (3 days)	100.0%	96.9%	1t	94.2%-100.0%
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days)	Data currently not available for this indicator.			
Key activities undertaken by RHA to address public confidence reported	Yes	n/a	n/a	n/a

The provincial goal of a sustainable, efficient, accountable, quality health care system has been adopted by Sunrise and incorporated into its strategic plan. Examples of commitment to this goal include:

- participation in accreditation (next scheduled for November 2006).
- establishment of concern-handling processes and investment in additional staffing for addressing critical incidents and complaints.
- sound financial management, including timely reporting and balanced budgets.
- expenditures on program support activities below the provincial target.

Sunrise Health Region continues to be motivated by the need to provide good governance and sound management.

Financial Summary

The following financial indicators highlight both the most positive, and most troublesome, aspects of the health region's financial statements. On an operational basis, the region has been very successful in achieving balanced budgets and in controlling program support expenditures. However, the region's working capital continues to be negative (since the time of region formation) and without the achievement of significant surpluses, it is unlikely that working capital will be addressed soon.

The region's total operating revenue for the year was \$142.4 million (\$7.3 million more than budgeted); total operating expenses were \$142.2 million (\$7.1 million more than budgeted). The net operating surplus for the year was \$141,102 – which represents 0.01% of the total budget, or about nine hours of operation for the health region. The large variance from budget to actual figures was due almost entirely to extra costs (and

extra revenue) associated with collective agreement payments and joint job evaluation commitments.

	SHR	Sask	SHR Rank	Prov. Range
Number of days able to operate with working capital	(62.41)	n/a	12	(62.41)-18.50
Surplus/(deficit) as a percentage of actual operating expenditure	0.1%	n/a	8t	(1.2)%-1.3%
Expenditures in program support funding pool as a percentage of total RHA operating expenditures	4.2%	n/a	2	3.4%-10.5%

All of the above indicators, and indeed the entire accountability document, have served to inform the region's strategic planning process. Please refer to www.shr.sk.ca for a copy of the region's strategic plan, and key initiatives. Throughout the region's plan, specific reference is made to accountability measures. The Regional Health Authority reviews progress on the strategic plan quarterly.

Future Outlook and Emerging Issues

Earlier in this report, in the section 'Who We Are', a number of risks to the region were identified. These risks included financial pressures in the short and long term, availability of physicians, registered nurses and other hard-to-recruit professionals, capital investment and patient safety. These risks will almost certainly continue into the future and will need to be managed.

Other external factors that will continue to influence the strategic direction of the health region include:

- declining rural population, with most rural municipalities and small communities losing population, and even larger communities struggling to maintain population (at best).
- increased operating costs, caused largely by the cost of collective agreements (not just in wages and benefits, but in many other non-compensation areas that contribute to the cost of doing business), drug and medical supply costs, and evolving/improving technology.
- a desire on the part of the public, and the government, to maintain services (particularly facility-based services) to the fullest extent possible, and reluctance at the provincial level to initiate change, even in cases where demographics/utilization/bed ratios would indicate change/reduction/facility closure would be appropriate.

The above three trends cannot continue together in the long term.

In the short term, in order to balance its budget, Sunrise Health Region has made operational decisions which are not sustainable in the long term. Positions are left vacant longer than they ordinarily would be, capital improvements are delayed or avoided altogether, education and training costs are constrained, and service areas of high priority are left unfunded or poorly funded.

While all health regions will continue to struggle with the combined effects of changing demographics, high expectations and tight funding, there are also many positive issues to which time and energy will be devoted.

Sunrise Health Region continues to enjoy close and productive working relationships with other health regions, Saskatchewan Health, the Health Quality Council and professional bodies. These relationships have facilitated common approaches to service decisions and have resulted in much more of a provincial system of care. In the past year the South Regions Forum (Sun Country, Five Hills, Cypress, Regina Qu'Appelle and Sunrise Health Regions) has proven to be an effective way for regions to cooperate, and coordinate services.

In the coming years some of the most notable new or continuing initiatives include:

- construction of the addition to Preeceville Hospital (replacement of Preeceville Lions Lodge).

- development of primary health care teams.
- continuing focus on surgical and diagnostic services wait lists.
- development of the electronic health record (and components thereof).
- pursuit of a representative workforce.

To address the above priorities and mitigate internal and external risks, Sunrise Health Region has a strategic plan that is aligned closely with the goals and objectives of the province. The five goals for Sunrise Health Region are:

Align Service to Changing Needs

Effective Health Promotion and Disease Prevention

Employee Engagement

A Sustainable, Efficient, Accountable and Quality Health System

Enhance a Culture of Safety and Quality

The health region's strategic plan, including all key initiatives and progress to date in achieving those initiatives, is available at www.sunrisehealthregion.sk.ca.

Management Report

May 9, 2006

Sunrise Health Region Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Sunrise Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health and, of necessity, include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

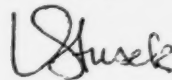
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing management's performance in financial reporting. The Authority meets with management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.



Joe Kirwan
Chief Executive Officer



Lorelei Stusek
Executive Director of Finance and
Information Services

**FINANCIAL
STATEMENTS**

Sunrise Regional Health Authority

Year Ended March 31, 2006

PARKERQUINE LLP
Chartered Accountants Business Advisors

Auditors' Report

To the board of directors
Sunrise Regional Health Authority

We have audited the Consolidated Statement of Financial Position of Sunrise Regional Health Authority as at March 31, 2006 and the Consolidated Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. The health authority's management is responsible for preparing the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Sunrise Regional Health Authority as at March 31, 2006 and the results of its operations and changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Yorkton, SK
May 9, 2006

PARKERQUINE LLP

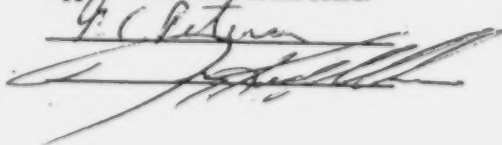
Per: *Darryl Spinkton, CA, CFP, CMA*

Sunrise Regional Health Authority
Yorkton, Saskatchewan
Consolidated Statement of Financial Position
As at March 31, 2006

Statement 1

		<u>Restricted Funds</u>			
	<u>Operating</u>	<u>Capital</u>	<u>Community</u>	<u>2006</u>	<u>2005</u>
	<u>Fund</u>	<u>Fund</u>	<u>Trust and</u>	<u>Total</u>	<u>Total</u>
			<u>Endowment</u>		
			<u>Funds</u>		
Assets					
Current Assets					
Cash and short-term investments					
- schedule 2	169,406	1,194,688	1,047,375	2,411,469	5,363,482
Accounts receivable					
Saskatchewan Health	3,898,489	48,322		3,946,811	2,471,267
Other	2,252,943	1,929,407	1,639	4,183,989	3,630,961
Inventories	1,315,393			1,315,393	1,431,812
Prepaid expenses	670,870			670,870	527,591
	8,307,101	3,172,417	1,049,014	12,528,532	13,425,113
Long-Term Investments - schedule 2					
Market \$746,000 (2005 - \$450,250)	584,920	118,583	42,500	746,003	450,245
Capital Assets - note 3	0	73,990,198	0	73,990,198	70,901,673
Total Assets	\$ 8,892,021	\$ 77,281,198	\$ 1,091,514	\$ 87,264,733	\$ 84,777,031
Liabilities and Fund Balances					
Current Liabilities					
Bank indebtedness - note 12(d)	10,781,598	1,385,362		12,166,960	11,083,176
Accounts payable	2,906,291	173,205		3,079,496	4,195,759
Accrued salaries	7,535,610			7,535,610	3,479,400
Vacation payable	9,353,991			9,353,991	8,342,528
Other accrued liabilities	750,356	57,193		807,549	655,139
Mortgages and leases payable					
- current - notes 4 and 6		925,000		925,000	894,200
Deferred revenue - note 5	887,564	20,318		907,882	1,127,271
	32,215,410	2,561,078	0	34,776,488	29,777,473
Long-Term Liabilities					
Mortgages payable - note 6	0	11,477,168	0	11,477,168	12,404,290
Total Liabilities	32,215,410	14,038,246	0	46,253,656	42,181,763
Fund Balances - statement 2					
Invested in capital assets		61,588,030		61,588,030	57,603,183
Externally-restricted - schedule 3		559,721	1,091,514	1,651,235	2,205,930
Internally-restricted - schedule 4	66,828	1,095,201		1,162,029	6,027,230
Unrestricted	(23,390,217)			(23,390,217)	(23,241,075)
	(23,323,389)	63,242,952	1,091,514	41,011,077	42,595,268
Total Liabilities and Fund Balances	\$ 8,892,021	\$ 77,281,198	\$ 1,091,514	\$ 87,264,733	\$ 84,777,031

Approved on behalf of the board:



Sunrise Regional Health Authority
Consolidated Statement of Operations and Changes in Fund Balances
For the year ended March 31, 2006

Statement 2

	<u>Operating Fund</u>			<u>Restricted Funds</u>			
	<u>Budget 2006</u>	<u>Total 2006</u>	<u>Total 2005</u>	<u>Capital Fund 2006</u>	<u>Community Trust and Endowment Funds 2006</u>	<u>Total 2006</u>	<u>Total 2005</u>
Revenue							
Saskatchewan Health - general	117,380,863	123,184,439	111,125,999	2,248,717		2,248,717	9,766,976
Other provincial	394,127	370,653	394,529	287,208		287,208	294,925
Federal government	81,685	40,775	47,030	108,000		108,000	
Special funded programs	1,384,428	1,039,819	1,529,201				
Patient fees	11,517,117	11,750,466	11,317,038				
Out-of-province (reciprocal)	1,774,511	2,147,665	1,450,528				
Out-of-country	38,964	76,518	35,705				
Transfers from foundations/donations	15,000	107,743	83,464	1,707,855		1,707,855	5,057,716
Investment income	55,360	52,751	60,903	58,086	42,863	100,949	112,889
Ancillary operations	23,209	38,774	24,696				
Recoveries	2,050,021	3,092,945	2,658,165				
Other	354,767	450,037	71,455	20,570		20,570	56,267
	<u>135,070,052</u>	<u>142,352,585</u>	<u>128,798,713</u>	<u>4,430,436</u>	<u>42,863</u>	<u>4,473,299</u>	<u>15,288,773</u>
Expenses - schedule 1							
Province-wide acute-care services	1,463,957	1,379,340	1,237,196				
Acute-care services	46,960,415	51,004,239	45,929,314	2,063,012		2,063,012	1,959,672
Physician compensation - acute	4,074,558	3,624,874	3,271,550				
Supportive-care services	47,792,674	51,423,996	46,836,689	2,642,869	426,445	3,069,314	2,117,842
Home-based services - supportive-care	7,309,402	7,351,562	6,926,933	22,705		22,705	27,632
Population-health services	3,430,244	3,552,645	3,113,953	10,282		10,282	11,640
Community-care services	5,904,276	6,109,979	5,573,580	15,346		15,346	8,552
Home-based services - acute and palliative	1,570,619	1,577,810	1,470,730	10,490		10,490	11,951
Primary health-care services	1,255,712	1,159,595	818,253	61,731		61,731	119,539
Emergency-response services	3,656,675	3,850,156	3,287,612	237,485		237,485	39,795
Mental health services - inpatient	1,623,809	1,661,231	1,706,560				
Physician compensation - community	1,351,544	1,384,305	1,304,874				
Program-support services	6,268,643	6,027,996	5,509,978	544,164	1,000	545,164	470,297
Special funded programs	1,704,703	1,336,598	1,573,350				
Ancillary	702,821	767,157	652,856	163,063		163,063	171,093
	<u>135,070,052</u>	<u>142,211,483</u>	<u>129,213,428</u>	<u>5,771,147</u>	<u>427,445</u>	<u>6,198,592</u>	<u>4,938,013</u>
Excess (Deficiency) of Revenue over Expenses	<u>\$ 0</u>	<u>141,102</u>	<u>(414,715)</u>	<u>(1,340,711)</u>	<u>(384,582)</u>	<u>(1,725,293)</u>	<u>10,350,760</u>
Fund balances (deficiency), beginning of year		(23,173,399)	(22,216,261)	64,131,898	1,636,769	65,768,667	54,875,484
Interfund transfers - note 13		(291,092)	(542,423)	451,765	(160,673)	291,092	542,423
Fund Balances (Deficiency), End of Year		<u>\$(23,323,389)</u>	<u>\$(23,173,399)</u>	<u>\$ 63,242,952</u>	<u>\$ 1,091,514</u>	<u>\$ 64,334,466</u>	<u>\$ 65,768,667</u>

See accompanying notes to the financial statements.

Sunrise Regional Health Authority
Consolidated Statement of Cash Flows
For the year ended March 31, 2006

Statement 3

	<u>Unrestricted Fund</u>		<u>Restricted Funds</u>			
	<u>Operating Fund</u>		<u>Capital</u>	<u>Community</u>		
	<u>2006</u>	<u>2005</u>	<u>Fund</u>	<u>Trust and</u>	<u>2006</u>	<u>2005</u>
			<u>2006</u>	<u>Endowment</u>	<u>Total</u>	<u>Total</u>
				<u>Funds</u>		
				<u>2006</u>		
Cash Provided By (Used In):						
Operations						
Excess (deficiency) of revenue						
over expenses for the year	141,102	(414,715)	(1,340,711)	(384,582)	(1,725,293)	10,350,760
Add items not requiring cash						
resources						
Amortization of capital assets			5,039,670		5,039,670	4,133,539
Loss (gain) on disposal of						
capital assets			(13,994)		(13,994)	(11,471)
Net change in non-cash						
working capital - note 7	600,526	1,659,888	1,225,959	2,514	1,228,473	3,608,051
	<u>741,628</u>	<u>1,245,173</u>	<u>4,910,924</u>	<u>(382,068)</u>	<u>4,528,856</u>	<u>18,080,879</u>
Investing activities						
Purchase of capital assets						
Buildings/construction			(5,385,601)		(5,385,601)	(13,712,622)
Equipment			(2,745,730)		(2,745,730)	(2,551,885)
Proceeds on disposal of capital						
assets						
Buildings						50,000
Equipment			17,132		17,132	65,165
Purchase of long-term investments	(283,374)		(12,384)		(12,384)	(22,599)
Disposal of long-term investments		208,255				21,500
	<u>(283,374)</u>	<u>208,255</u>	<u>(8,126,583)</u>	<u>0</u>	<u>(8,126,583)</u>	<u>(16,150,441)</u>
Financing activities						
Repayment of debt	0	0	(896,324)	0	(896,324)	(938,346)
Net Increase (Decrease) in Cash						
and Short-Term Investments						
for the Year	458,254	1,453,428	(4,111,983)	(382,068)	(4,494,051)	992,092
Cash and short-term investments,						
beginning of year	(10,779,354)	(11,690,359)	3,469,544	1,590,116	5,059,660	3,525,145
Interfund transfers - note 13	(291,092)	(542,423)	451,765	(160,673)	291,092	542,423
Cash and Short-Term						
Investments, End of Year	<u>\$(10,612,192)</u>	<u>\$(10,779,354)</u>	<u>\$(190,674)</u>	<u>\$ 1,047,375</u>	<u>\$ 856,701</u>	<u>\$ 5,059,660</u>
Represented By:						
Cash and short-term investments	169,406	303,822	1,194,688	1,047,375	2,242,063	5,059,660
Bank indebtedness	(10,781,598)	(11,083,176)	(1,385,362)		(1,385,362)	
	<u>\$(10,612,192)</u>	<u>\$(10,779,354)</u>	<u>\$(190,674)</u>	<u>\$ 1,047,375</u>	<u>\$ 856,701</u>	<u>\$ 5,059,660</u>

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). This Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing health regions and Regional Health Authorities in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights and obligations of the District Health Boards continue as the assets, liabilities, rights and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Sunrise Regional Health Authority (RHA) was created by the Act. The Sunrise Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide (the Act Section 27) within the geographic area known as the Sunrise Health Region.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Health care organizations

- (i) The RHA has agreements with and grants funding to the following community-based organizations (CBO's) and third parties to provide health services:
 - Parkland Alcohol & Drug Abuse Society Inc.
 - Society for Involvement of Good Neighbours Inc.
 - Canadian Mental Health Association

Note 9(b)(i) provides disclosure of payments to CBO'S and third parties.

For the Saul Cohen Family Resource Centre Inc., the RHA has an economic influence. As a result, the financial statements of Saul Cohen Family Resource Centre Inc. are combined with the financial statements of the RHA.

- (ii) The RHA has joint service management agreements with all three of its affiliates; St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville. The purpose of the agreements is to share management, contract human resources and finance services to the affiliates.

As a result, the financial statements of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are combined with the financial statements of the RHA. Transactions and interorganizational balances between the RHA and St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are eliminated.

Note 9(b)(ii) provides supplementary information regarding the financial position, results of operations and cash flows of the combined affiliates.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

2. Significant Accounting Policies - continued

- (iii) The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations) are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, the RHA or the respective affiliates have an economic interest in the Foundations.

These financial statements do not include the financial activities of the Foundations. Alternatively, note 9(b)(iii) provides supplementary information of the Foundations.

(b) Fund accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

(i) Operating fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

(ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of interest on long-term mortgages and amortization of capital assets.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

2. Significant Accounting Policies - continued

(b) Fund accounting - continued

(iii) Community Trust and Endowment Fund

Community Trust

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the district from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

Endowment Fund

Under the terms of the will of the late Dr. Borys Tolczynski, the RHA administers an endowment fund. The interest from this fund is to be used for education and training expenditures which benefit the health district. Unexpended interest each year is added to the endowment principal. The RHA cannot encroach upon the original endowment bequest of \$201,771 plus unexpended interest except in special circumstances.

(c) Inventories

Inventories consist of general stores, pharmacy, laboratory, linen and other. All inventories are valued at the lower of cost and net realizable value. Cost is determined on an average-cost basis.

(d) Long-term investments

Investments are valued at the lower of cost or net realizable value.

(e) Capital assets

Capital assets are recorded at acquisition cost less accumulated amortization. Normal maintenance and repairs are expensed as incurred. The assets are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	4% to 10%
Buildings and service equipment	2% to 4%
Equipment	4% to 25%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

2. Significant Accounting Policies - continued

(f) Revenue

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

(g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(h) Measurement uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	<u>March 31, 2006</u>		2005
	Cost	Accumulated Amortization	Net Book Value
Land	246,528		246,528
Land improvements	838,758	642,535	196,223
Buildings and service equipment	102,807,864	38,655,396	64,152,468
Equipment	19,159,733	10,027,063	9,132,670
Construction in progress	262,309		262,309
	<u>\$ 123,315,192</u>	<u>\$ 49,324,994</u>	<u>\$ 73,990,198</u>
			<u>\$ 70,901,673</u>

Sunrise Regional Health Authority

Notes to Financial Statements For the year ended March 31, 2006

4. Commitments

(a) Capital asset acquisitions

At March 31, 2006, commitments for acquisition of capital assets were \$140,334 (2005 - \$960,215).

(b) Supplier payments

At March 31, 2006, commitments for outstanding purchase orders were \$1,346,325 (2005 - \$745,013).

(c) Capital projects

The RHA has been approved to proceed with the development design and schematic design phase of the Preeceville Integrated Health Facility with a maximum approved Sask. Health shareable portion of \$10,000,000. This project includes maintaining ten acute-care beds, establishing a total of 40 long-term care beds and renovating existing facilities as funding is available. As at March 31, 2006, costs incurred total \$101,027 and are included in construction in progress in these financial statements.

(d) Operating leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2007	\$ 184,400
2008	162,100
2009	134,100
2010	111,900
2011	20,200

(e) Capital leases

The RHA no longer leases medical equipment under capital lease arrangements. Interest expense related to the capital lease obligations totalled \$0 in 2006 (2005 - \$1,012).

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

5. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Revenue				
Sask. Health Initiatives				
Diabetes care and prevention	85,244	118,977	47,500	13,767
Healthline	3,500	3,500		
High quality workplace	53,358	15,693		37,665
Needle exchange	9,631	4,892		4,739
CTAS tracking system	20,000			20,000
Medical remuneration	131,978	131,978		
Population health promotion	18,231	18,231		
Primary healthcare transition fund	114,586	259,586	145,000	
Primary health team facilitator	78,600	157,200	78,600	
Tobacco enforcement	4,887	2,687		2,200
Quality health workplace initiatives	72,457	17,681		54,776
SIMS, PHIS, environment	10,000	6,667		3,333
Aboriginal awareness training	22,492	33,672	11,180	
Clinical education and training	158,588	147,067		11,521
Public health capacity		18,222	55,500	37,278
Surgery wait list reduction			100,000	100,000
Safety engineered needles initiatives			78,795	78,795
Project hope		5,069	35,000	29,931
Immunization management system			9,000	9,000
Investing in education and training proposal		43,868	53,517	9,649
Vaccine immunization program			18,659	18,659
Federal accord - home care		6,933	67,000	60,067
	<u>783,552</u>	<u>991,923</u>	<u>699,751</u>	<u>491,380</u>
Non-Sask. Health Initiatives				
Sask. Housing Corporation mortgage subsidy	20,318			20,318
Kids First	237,055	1,039,823	1,099,606	296,838
Acquired brain injury	27,255	52,500	55,558	30,313
Assist program	787	1,161	1,540	1,166
Community resources	5,000	5,000		
Rent received in advance	37,124	12,786		24,338
S.R.N.A. grant	7,820	4,004		3,816
Teen wellness	8,360	53,360	67,500	22,500
First nations & metis relations			16,900	16,900
SGI senior fair		917	1,230	313
	<u>343,719</u>	<u>1,169,551</u>	<u>1,242,334</u>	<u>416,502</u>
	<u>\$ 1,127,271</u>	<u>\$ 2,161,474</u>	<u>\$ 1,942,085</u>	<u>\$ 907,882</u>

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

Sunrise Regional Health Authority

Notes to Financial Statements For the year ended March 31, 2006

6. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2006	2005
Yorkton and District Nursing Home CMHC, due September 1, 2018	5.875%	\$23,481; mortgage renewal date, September 1, 2018	208,373	219,409
CMHC, due June 1, 2027	8.000%	\$69,670; mortgage renewal date, June 1, 2027	718,113	730,725
CMHC, due November 1, 2022	5.420%	\$163,120 of which \$57,689 is subsidized by SHC; yielding an effective interest rate of 2.21%; mortgage renewal date, December 1, 2012	1,795,133	1,860,111
Foam Lake Jubilee Home CMHC, due February 1, 2008	7.500%	\$5,834; mortgage renewal date, February 1, 2008	6,092	11,266
CMHC, due May 1, 2017	5.750%	\$10,911; mortgage renewal date, May 1, 2017	90,062	95,682
CMHC, due January 1, 2002	4.970%	\$42,712 of which \$13,119 is subsidized by SHC; yielding an effective interest rate of 2.19%; mortgage renewal date, December 1, 2006	469,029	488,149
Lakeside Manor Care Home CMHC, due August 1, 2021	4.86%	\$96,473 of which \$31,472 is subsidized by SHC; yielding an effective interest rate of 1.87%; mortgage renewal date, December 1, 2006	1,048,345	1,093,187
Theodore Health Centre CMHC, due December 1, 2023	4.54%	\$50,070 of which \$9,834 is subsidized by SHC; yielding an effective interest rate of 2.91%; mortgage renewal date, February 1, 2015	611,255	633,286
Langenburg Centennial Special Care Home CMHC, due September 1, 2026	8.000%	\$27,884; mortgage renewal date, September 1, 2026	283,373	288,725
CMHC, due April 1, 2022	5.790%	\$56,944 of which \$21,458 is subsidized by SHC; yielding an effective interest rate of 2.21%; mortgage renewal date, March 1, 2007	597,815	619,857

Sunrise Regional Health Authority
Notes to Financial Statements
For the year ended March 31, 2006

6. **Mortgages Payable - continued**

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2006	2005
Invermay Health Centre CMHC, due March 1, 2017	5.620%	\$28,797 of which \$10,197 is subsidized by SHC; yielding an effective interest rate of 1.40%; mortgage renewal date, June 1, 2006	236,653	251,838
CMHC, due May 1, 2022	5.620%	\$41,294 of which \$10,850 is subsidized by SHC; yielding an effective interest rate of 3.14%; mortgage renewal date, June 1, 2006	438,834	455,245
Norquay Health Centre CMHC, due March 1, 2017	5.620%	\$28,152 of which \$9,177 is subsidized by SHC; yielding an effective interest rate of 1.73%; mortgage renewal date, June 1, 2006	231,352	246,197
CMHC, due July 1, 2022	5.620%	\$42,319 of which \$11,124 is subsidized by SHC; yielding an effective interest rate of 3.16%; mortgage renewal date, June 1, 2006	453,166	469,799
Canora Gateway Lodge CMHC, due January 1, 2023	7.250%	\$30,450; mortgage renewal date, January 1, 2023	297,738	306,575
CMHC, due April 1, 2017	5.620%	\$52,327 of which \$20,393 is subsidized by SHC; yielding an effective interest rate of 1.00%; mortgage renewal date, June 1, 2006	432,282	459,753
Kamsack Nursing Home Sask. Finance, due June 1, 2005	5.375%	\$4,708; mortgage renewal date, June 1, 2005		4,467
Sask. Finance, due May 1, 2007	5.375%	\$307; mortgage renewal date, May 1, 2007	567	829
CMHC, due February 1, 2017	4.910%	\$92,034 of which \$24,055 is subsidized by SHC; yielding an effective interest rate of 1.89%; mortgage renewal date, March 1, 2007	778,019	830,824
Preeceville Lions Housing CMHC, due May 1, 2016	5.375%	\$5,115; mortgage renewal date, May 1, 2016	40,104	43,003
CMHC, due July 1, 2005	5.375%	\$6,435; mortgage renewal date, July 1, 2005		2,117

Sunrise Regional Health Authority
Notes to Financial Statements
For the year ended March 31, 2006

6. Mortgages Payable - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding	
			2006	2005
Preeceville Lions Housing CMHC, due March 1, 2008	5.620%	\$50,275 of which \$13,293 is subsidized by SHC; yielding an effective interest rate of 0.00%; mortgage renewal date, March 1, 2006	95,007	138,671
St. Paul Lutheran Home of Melville CMHC, due June 1, 2018	5.750%	\$15,859; mortgage renewal date, June 1, 2018	139,723	147,405
CMHC, due August 1, 2022	5.520%	\$112,991 of which \$43,388 is subsidized by SHC; yielding an effective interest rate of 2.05%; mortgage renewal date, September 1, 2012	1,223,337	1,268,208
St. Peter's Facility Melville Credit Union	5.000%	\$1,384		1,384
Ituna & District Pioneer Lodge CMHC, due April 1, 2025	8.000%	\$28,656; mortgage renewal date, April 1, 2025	283,148	289,256
Esterhazy Centennial Special Care Home CMHC, due July 1, 2019	6.875%	\$20,918; mortgage renewal date, July 1, 2019	183,289	191,479
CMHC, due August 1, 2022	4.220%	\$46,712 of which \$11,159 is subsidized by SHC; yielding an effective interest rate of 2.27%; mortgage renewal date, December 1, 2007	553,910	576,920
East Central Regional Laundry Bank of Montreal, due January 1, 2009	4.24%	\$445,496; mortgage renewal date, January 1, 2009	1,187,449	1,574,123
			12,402,168	13,298,490
Less: Current portion			925,000	894,200
			<u>\$ 11,477,168</u>	<u>\$ 12,404,290</u>

For each of the mortgages, the RHA has pledged the related buildings of the facilities as security. Principal amounts due within each of the next five years are estimated as follows:

2007	925,000
2008	966,700
2009	888,800
2010	554,000
2011	585,200
2012 and subsequent	8,482,468
	<u>\$ 12,402,168</u>

Sunrise Regional Health Authority
Notes to Financial Statements
For the year ended March 31, 2006

7. Net Change in Non-Cash Working Capital

	<u>Operating Fund</u>			<u>Restricted Funds</u>		
	2006	2005	Capital Fund	Community Trust and Endowment Funds	2006 Total	2005 Total
Decrease (increase)						
Accounts receivable	(4,401,774)	2,211,209	2,370,689	2,517	2,373,206	2,300,944
Inventory	116,419	(159,333)				
Prepaid expenses	(143,279)	159,292				
Increase (decrease)						
Accounts payable	24,758	(19,202)	(1,141,020)		(1,141,020)	1,314,225
Accrued liabilities	5,223,793	(560,378)	(3,710)		(3,710)	(6,416)
Deferred revenue	(219,391)	28,300				(702)
	<u>\$ 600,526</u>	<u>\$ 1,659,888</u>	<u>\$ 1,225,959</u>	<u>\$ 2,517</u>	<u>\$ 1,228,476</u>	<u>\$ 3,608,051</u>

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents utilizing the RHA's facilities. The total cost held in trust as at March 31, 2006 was \$212,760 (2005 - \$266,547). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan crown agencies such as departments, corporations, boards and commissions under the common control of the government of Saskatchewan. The RHA is also related to non-crown enterprises that the government jointly controls or significantly influences. In addition, the RHA is related to other non-government organizations by virtue of its economic interest in these organizations.

(a) Related-party transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

9. Related Parties

(a) Related party transactions - continued

Financial Statement Accounts	2006	2005
Assets		
Accounts Receivable		
Sask. Workers' Compensation Board	\$ 12,380	\$ 8,352
Prepaid Expenses		
Sask. Workers' Compensation Board	106,897	73,928
Sask. Tel.	7,294	19,334
Liabilities		
Accounts Payable		
Saskatchewan Health Employees Pension Plan *	744,726	660,544
Sask. Workers' Compensation Board	592,214	604,238
S.A.H.O. - Disability Income Plan *	169,248	140,800
Sask. Energy	72,463	59,163
Sask. Property Management Corporation	52,880	45,915
Sask. Tel.	27,665	31,483
Sask. Power	14,621	29,280
S.A.H.O.	12,321	12,253
S.A.H.O. - Employee Benefit Programs *	8,501	
Regina Qu'Appelle Health Region	4,945	2,356
Revenue		
Sask. Workers' Compensation Board	281,384	302,025
Saskatchewan Government Insurance	85,768	80,245
Expenses		
Saskatchewan Health Employees Pension Plan *	9,275,775	8,956,398
Sask. Workers' Compensation Board	2,179,676	2,368,912
S.A.H.O. - Disability Income Plan *	2,080,283	1,934,326
S.A.H.O. - Enhanced Dental Plan *	2,151,838	1,798,892
Sask. Power	1,468,791	1,395,463
Sask. Energy	1,203,627	1,293,343
S.A.H.O. - Employee Benefit Programs *	103,680	112,350
S.A.H.O. - Core Dental Plan *	862,549	838,866
Sask. Property Management Corporation	861,221	730,261
Sask. Tel.	447,555	483,388
Public Employees Pension Plan *	267,779	208,695
S.A.H.O.	254,168	278,530
Public Service Superannuation Board *	75,245	103,166
Regina Qu'Appelle Health Region	46,463	49,321

* Indicates that employee portion is included in the above expense.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

9. Related Parties - continued

(a) Related party transactions - continued

In addition, the RHA pays provincial sales tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

(b) Health-care organizations

(i) Community-based organizations and third parties

The RHA has also entered into agreements with community-based organizations (CBO's) and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBO's and third parties:

	2006	2005
Canadian Mental Health Association (Saskatchewan Division) Inc.	90,734	88,754
Parkland Alcohol & Drug Abuse Society Inc.	144,918	132,099
Society for Involvement of Good Neighbours Inc.	<u>227,429</u>	<u>229,515</u>
	<u>\$ 463,081</u>	<u>\$ 450,368</u>

(ii) Affiliates with joint service management agreements

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately-owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. Further, the RHA provides most of the affiliate's funding. Accordingly, the RHA has the ability to affect the strategic operating, investing and financing activities of the affiliates.

The RHA consolidated financial statements include the accounts of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville based on the joint service management agreement held with each of the three organizations. The following information, which combines the operating fund and capital fund, is supplementary to those statements.

Sunrise Regional Health Authority

Notes to Financial Statements

For the year ended March 31, 2006

9. Related Parties - continued

(b) Health-care organizations - continued

(ii) Affiliates with joint service management agreements - continued

	St. Anthony's Hospital	St. Peter's Hospital	St. Paul Lutheran Home	2006 Total	2005 Total
Statement of Financial Position					
Total assets	\$ 1,733,988	\$ 1,203,803	\$ 5,190,447	\$ 8,128,238	\$ 8,173,422
Total liabilities	367,040	472,647	2,621,611	3,461,298	3,788,097
Total fund balances	<u>1,366,948</u>	<u>731,156</u>	<u>2,568,836</u>	<u>4,666,940</u>	<u>4,385,325</u>
	<u>\$ 1,733,988</u>	<u>\$ 1,203,803</u>	<u>\$ 5,190,447</u>	<u>\$ 8,128,238</u>	<u>\$ 8,173,422</u>
Results of Operations					
RHA grant	2,783,913	5,991,616	6,312,887	15,088,416	13,678,968
Other revenue	<u>307,574</u>	<u>264,964</u>	<u>2,721,714</u>	<u>3,294,252</u>	<u>8,966,423</u>
Total revenue	<u>3,091,487</u>	<u>6,256,580</u>	<u>9,034,601</u>	<u>18,382,668</u>	<u>22,645,391</u>
Salaries and benefits	2,274,103	4,694,437	6,966,096	13,934,636	13,302,224
Other expenses	<u>718,565</u>	<u>1,435,609</u>	<u>1,992,241</u>	<u>4,146,415</u>	<u>3,799,155</u>
Total expenses *	<u>2,992,668</u>	<u>6,130,046</u>	<u>8,958,337</u>	<u>18,081,051</u>	<u>17,101,379</u>
Excess of revenue over expenses	<u>\$ 98,819</u>	<u>\$ 126,534</u>	<u>\$ 76,264</u>	<u>\$ 301,617</u>	<u>\$ 5,544,012</u>

* Other expenses includes amortization of \$455,770 (2005 - \$467,745).

Cash Flows

Cash from operations	81,976	86,548	(100,429)	68,095	455,359
Cash used in financing activities			(52,552)	(52,552)	(49,910)
Cash used in investing activities*	<u>(150,593)</u>	<u>(234,646)</u>	<u>(201,081)</u>	<u>(586,320)</u>	<u>(424,658)</u>
Increase (decrease) in cash	<u>\$(68,617)</u>	<u>\$(148,098)</u>	<u>\$(354,062)</u>	<u>\$(570,777)</u>	<u>\$(19,209)</u>

* Cash used in investing activities includes capital purchases of \$485,144 (2005 - \$419,620).

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

9. Related Parties - continued

(b) Health-care organizations - continued

(iii) Fund-raising foundations

Fund-raising efforts are undertaken through the non-profit business corporations known as The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations). The RHA or the respective affiliates have an economic interest in the Foundations. The Foundations have the following year-ends:

The Health Foundation of East Central Saskatchewan Inc. - December 31

St. Peter's Hospital Foundation (Melville) Inc. - December 31

St. Anthony's Hospital Foundation Inc. - March 31

Statement of Financial Position	St. Anthony's Foundation Inc.	St. Peter's Hospital Foundation (Melville) Inc.	Health Foundation of ECS Inc.	2006 Total	2005 Total
Total assets	\$ 1,161,318	\$ 508,347	\$ 891,500	\$ 2,561,165	\$ 2,520,116
Total liabilities	76,483	5,571	171,288	253,342	165,134
Total fund balances	1,084,835	502,776	720,212	2,307,823	2,354,982
	<u>\$ 1,161,318</u>	<u>\$ 508,347</u>	<u>\$ 891,500</u>	<u>\$ 2,561,165</u>	<u>\$ 2,520,116</u>
Results of Operations					
Total revenues	156,511	64,598	1,536,462	1,757,571	1,909,245
Total contributions to the RHA	(101,500)	(13,972)	(1,454,600)	(1,570,072)	(3,270,621)
Total operating expenses	(1,250)	(5,769)	(220,828)	(227,847)	(262,385)
Excess (deficiency) of revenue over expenses	<u>\$ 53,761</u>	<u>\$ 44,857</u>	<u>\$ (138,966)</u>	<u>\$ (40,348)</u>	<u>\$ (1,623,761)</u>
Cash Flows					
Cash from operations	50,074	41,252	(15,073)	76,253	(1,821,791)
Cash from (used in) financing and investing activities	91,712	(4,707)		87,005	186,631
Increase (decrease) in cash	<u>\$ 141,786</u>	<u>\$ 36,545</u>	<u>\$ (15,073)</u>	<u>\$ 163,258</u>	<u>\$ (1,635,160)</u>

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

10. Pension

Employees of the RHA participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP) which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health-care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO board of directors.) Other employees participate in either the Public Service Superannuation Plan (a related party), which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party), which is a defined contribution plan. Both of these plans are the responsibility of the province of Saskatchewan. The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to \$5,146,428 (2005 - \$4,955,065) and is included in benefits in schedule 1.

Effective January 1, 2004, contribution rates increased as follows for the SAHO retirement plan:

6.552% of pensionable earnings up to the yearly maximum pensionable earnings (CPP)
plus 8.232% of pensionable earnings above the yearly maximum pensionable earnings (CPP).

Effective September 1, 2003, contribution rates increased as follows for the Public Service Superannuation plan:

17.99% to 18.00% of pensionable earnings.

11. Budget

The RHA Board approved the 2005-2006 budget plan on June 1, 2005.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

12. Financial Instruments

(a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

(b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces; therefore, the credit risk is minimal.

(c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- (i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

- Cash and short-term investments
- Accounts receivable
- Accounts payable
- Accrued salaries and vacation payable

- (ii) For investments, the fair value is considered to approximate quoted market values.

- (iii) The fair value of mortgages payable before the repayment required within one year approximates the book value of the mortgages.

(d) Operating line-of-credit

The RHA has an approved operating line-of-credit of \$14,000,000 (2005 - \$14,000,000) with interest charged at a rate of prime less 0.25% which is renegotiated annually. The line-of-credit is secured by an assignment of grants and revenues of the RHA. Total interest paid on the line-of-credit in 2006 was \$400,977 (2005 - \$336,619). The line-of-credit was approved by the Minister on October 7, 1998. Cash requirements from Yorkton Nursing Home capital project made it necessary for the capital fund to utilize a portion of the region's line-of-credit. At March 31, 2006, the amount due to the operating fund was \$1,385,362.

The affiliates also have operating lines-of-credit with limits totalling \$650,000 (2005 - \$650,000). These lines-of-credit are secured by an assignment of grants and revenues from the RHA. Total interest paid on these lines-of-credit in 2006 was \$5,705 (2005 - \$1,078).

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2006			2005		
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Operating Fund	Capital Fund	Community Trust and Endowment Funds
Capital asset purchases by other funds		146,000	(146,000)	(206,281)	696,394	(490,113)
Replacement reserve allocations	(141,256)	141,256		(137,056)	137,056	
Mortgage principal and interest paid by operating fund	(222,514)	222,514		(229,651)	229,651	
Operating expenditures financed by replacement reserve	27,258	(27,258)		5,769	(5,769)	
Operating expenditures financed by community trust funds	14,673		(14,673)	17,463		(17,463)
Operating expenditures financed by capital fund	30,747	(30,747)		7,333	(7,333)	
	<u>\$ (291,092)</u>	<u>\$ 451,765</u>	<u>\$ (160,673)</u>	<u>\$ (542,423)</u>	<u>\$ 1,049,999</u>	<u>\$ (507,576)</u>

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community-Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the board. The assets are interest-bearing with the interest credited to the trust balance. The board presently administers \$717,173 (2005 - \$1,262,428) under these agreements.

Following is the status of the trust funds at March 31, 2006:

Each trust fund has a "trust advisory committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health-related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2006

16. Contingent Liabilities

Joint job evaluation reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown; therefore, the cost of these reconsiderations cannot be reasonably determined.

Sunrise Regional Health Authority

Schedule of Expenses by Object
For the year ended March 31, 2006

Schedule 1

	Budget 2006	Actual 2006	Actual 2005
Operating			
Board costs	118,080	81,309	217,436
Compensation - benefits	16,439,845	17,666,507	15,697,380
Compensation - salaries	85,251,941	92,959,115	83,603,206
Diagnostic imaging supplies	369,274	334,190	302,215
Drugs	2,062,065	2,053,169	2,060,750
Food	2,435,221	2,442,251	2,349,407
Grants to ambulance services	2,389,289	2,393,827	2,159,704
Grants to third parties	416,159	468,406	450,368
Housekeeping and laundry supplies	1,153,052	1,317,076	1,210,389
Information technology contracts	357,347	262,482	230,599
Insurance	426,023	417,015	383,622
Interest	570,690	421,350	345,717
Laboratory supplies	999,709	1,018,190	938,370
Medical and surgical supplies	2,494,015	2,611,426	2,418,451
Medical remuneration and benefits	5,371,553	4,986,415	4,510,960
Office supplies and other office costs	1,226,570	1,248,743	1,036,830
Other	1,756,067	1,670,272	1,693,202
Other referred-out services	1,074,507	816,082	787,116
Professional fees	676,858	610,216	634,192
Prosthetics	200,627	181,232	181,235
Purchased services	1,448,478	805,872	824,083
Rent/lease costs	568,374	654,616	551,071
Repairs and maintenance	790,215	811,710	566,686
Service contracts	897,906	946,339	1,088,596
Travel	1,338,841	1,243,761	1,115,158
Utilities	4,237,346	3,789,912	3,856,685
	<u>\$ 135,070,052</u>	<u>\$ 142,211,483</u>	<u>\$ 129,213,428</u>
Restricted			
Amortization		5,039,670	4,133,539
Loss (gain) on disposal of capital assets		(13,994)	(11,471)
Other		<u>1,172,916</u>	<u>815,945</u>
		<u>\$ 6,198,592</u>	<u>\$ 4,938,013</u>

Sunrise Regional Health Authority

Schedule of Cash and Investments

For the year ended March 31, 2006

Schedule 2

	Maturity Date	Effective Rate	Restricted Amount *	Unrestricted Amount	Total
Cash and Short-Term Investments					
Cash, chequing and savings accounts		0-2.5%	2,102,051	63,406	2,165,457
Term deposits					
Theodore Credit Union Ltd.	01/01/2007	3.25%	103,900		103,900
Guaranteed investment certificates					
National Bank of Canada	06/19/2006	5.60%		51,000	51,000
Bank of Nova Scotia	12/03/2006	4.80%		55,000	55,000
Bank of Montreal	07/18/2006	2.60%	30,000		30,000
Bonds and debentures					
Government of Canada	09/01/2006	5.75%	6,112		6,112
Total Cash and Short-Term Investments			<u>2,242,063</u>	<u>169,406</u>	<u>2,411,469</u>
Long-Term Investments					
Bonds and debentures					
Province of Saskatchewan savings bonds					
Series 12	07/15/2008	3.00%	49,100		49,100
Province of Saskatchewan coupon bond	10/10/2007	3.03%	15,484		15,484
Province of British Columbia coupon bond	06/09/2008	4.01%	53,999		53,999
Province of Prince Edward Island coupon bond	09/18/2009	4.31%		11,890	11,890
Province of Ontario coupon bond	09/12/2007	2.87%		16,999	16,999
Government of Canada coupon bond	10/01/2008	3.15%		16,999	16,999
Guaranteed investment certificates					
Canadian Western Bank	06/18/2008	3.65%		54,760	54,760
Laurentian Bank	06/17/2007	5.05%		51,000	51,000
Term deposits					
North Valley Credit Union Ltd.	04/20/2007	2.00%	42,500		42,500
Equity in co-operatives		0.00%		14,690	14,690
Notes receivable - physicians		0.00%		418,582	418,582
Total Long-Term Investments			<u>161,083</u>	<u>584,920</u>	<u>746,003</u>
Total Cash and Investments			<u>\$ 2,403,146</u>	<u>\$ 754,326</u>	<u>\$ 3,157,472</u>

The carrying amounts of the long-term investments approximate fair value.

* Restricted investments consist of:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

Sunrise Regional Health Authority
Schedule of Externally-Restricted Funds
For the year ended March 31, 2006

Schedule 3

	Balance, Beginning of Year	Investment Income	Capital Expenditures	Operating Expenses	Balance, End of Year
Pre-Amalgamation Trust Accounts					
Foam Lake Health Centre	21,855	641			22,496
Langenburg Health Centre	416,596	9,253		(425,849)	108,313
Theodore Health Centre	105,595	2,713		5	18,182
Lakeside Manor Care Home	17,664	518			2,601
Canora Hospital	3,687	110		(1,196)	118,275
Preeceville Hospital	114,902	3,373			5,403
Invermay Health Centre	19,108	539	(12,417)	(1,827)	41,065
Gateway Lodge - Canora	84,958	2,483	(44,433)	(1,943)	22,586
Gateway Lodge - Invermay	22,259	653	(326)		155,057
Preeceville Lions Housing	150,635	4,422			142,533
Centennial Special Care Home	138,854	3,679			80,662
Esterhazy Home Care	77,822	2,840			
Melville Ambulance	88,493	657	(89,150)		
	1,262,428	31,881	(146,326)	(430,810)	717,173
Endowment Fund					
Dr. Borys Tolczynski Memorial Fund	374,341	10,980	0	(10,980)	374,341
	<u>\$ 1,636,769</u>	<u>\$ 42,861</u>	<u>\$ (146,326)</u>	<u>\$ (441,790)</u>	<u>\$ 1,091,514</u>

	Balance, Beginning of Year	Investment Income	Donations	Expenses	Withdrawals	Balance, End of Year
Capital Fund -						
Donations for Capital Assets						
Central Home Care		1	300		(140)	161
St. Anthony's Hospital	9,151					9,151
St. Paul's Lutheran Home	20,000					20,000
Ituna Pioneer Lodge	4,941	166	1,540		(421)	6,226
Esterhazy C.S.C.H.	153,460	4,563	8,731		(34,488)	132,266
Melville Home Care	3,259	105	720		(60)	4,024
Esterhazy Home Care	1,455	47	353			1,855
Palliative Care North	1,081	30	989			2,100
Canora Hospital	18,972	571	1,064		(57)	20,550
Kamsack Hospital	52,400	1,213	4,355		(12,152)	45,816
Kamsack Nursing Home	10,697	287	268			11,252
Preeceville Hospital	62,668	1,834	1,415		(3,264)	62,653
Invermay Health Centre	1,067	33	85			1,185
Norquay Health Centre	9,450	301	12,467		(8,664)	13,554
Gateway Lodge - Canora	103,396	3,038	185			106,619
Preeceville Lions Housing	2,582	75				2,657
Preeceville building fund	105,637	3,091	10,149		(26,073)	92,804
Rama First Responders	1,006	29				1,035
South district - other	268	329	19,601		(1,010)	19,188
Yorkton R. H. C.	7,137	192	6,495		(7,751)	6,073
Canora Home Care	534	18				552
	<u>\$ 569,161</u>	<u>\$ 15,923</u>	<u>\$ 68,717</u>	<u>\$ 0</u>	<u>\$ (94,080)</u>	<u>\$ 559,721</u>

Sunrise Regional Health Authority
Schedule of Internally-Restricted Funds
For the year ended March 31, 2006

Schedule 4

	Balance, Beginning of Year	Current Year Allocation	Investment Income	Capital Expenditures	Operating Expenses	Balance, End of Year
Capital						
Replacement reserve funds						
Yorkton & District Nursing Home	119,542	21,504	3,611	(25,685)	(13,994)	104,978
Foam Lake Jubilee Home	60,933	11,592	1,320	(38,890)	(3,246)	31,709
Langenburg Centennial Special Care Home	13,411	14,484	401	(28,268)		28
Lakeside Manor Care Home	86,482		2,290	(10,379)		78,393
Anderson Lodge	24,836		196	(25,032)		
St. Paul Lutheran Home	149,498	15,400	5,042	(24,973)	(9,341)	135,626
Esterhazy Centennial Special Care Home	80,382	13,008	2,387	(66,059)		29,718
Ituna & District Pioneer Lodge	31,938	5,604	1,018			38,560
Gateway Lodge - Canora	22,252	14,256	790	(8,708)		28,590
Gateway Lode - Invermay	10,081	7,008	294	(4,899)		12,484
Gateway Lodge - Norquay	22,251	7,008	729	(1,638)		28,350
Kamsack Nursing Home	43,551	14,592	1,489	(4,627)		55,005
Preeceville Lions Housing	101,433	16,800	3,152	(4,130)	(677)	116,578
	<u>766,590</u>	<u>141,256</u>	<u>22,719</u>	<u>(243,288)</u>	<u>(27,258)</u>	<u>660,019</u>
Other internally-restricted funds						
Funds for future capital expenditures	5,156,885		19,169	(4,740,872)		435,182
Ambulance replacement	36,079		275	(36,354)		
	<u>5,959,554</u>	<u>141,256</u>	<u>42,163</u>	<u>(5,020,514)</u>	<u>(27,258)</u>	<u>1,095,201</u>
Operating						
Other internally-restricted funds						
Saul Cohen Family Resource Centre Inc.	26,935		1,154			28,089
St. Paul Lutheran Home Education fund	40,741		1,415		(3,417)	38,739
	<u>67,676</u>	<u>0</u>	<u>2,569</u>	<u>0</u>	<u>(3,417)</u>	<u>66,828</u>
Total Internally-Restricted Funds	<u>\$ 6,027,230</u>	<u>\$ 141,256</u>	<u>\$ 44,732</u>	<u>\$ (5,020,514)</u>	<u>\$ (30,675)</u>	<u>\$ 1,162,029</u>

The board is required to maintain certain reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

Sunrise Regional Health Authority
Schedule of Board Remuneration, Benefits and Allowances
For the year ended March 31, 2006

Schedule 5

	2006				2005		
	Retainer and Per Diems	Benefits	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Ben Weber	12,000		1,296	13,296	16,700	2,783	19,483
Board Members							
Irene Adams	2,313		678	2,991	3,200	1,260	4,460
Joe Garchinski					1,525	545	2,070
Janet Hill	2,720	68	156	2,944	2,800	281	3,081
Audrey Horkoff	1,600	33	562	2,195	3,925	1,487	5,412
Karen Keshane	2,350	90	644	3,084	3,125	2,471	5,596
Raymond King	1,600		563	2,163	3,775	1,253	5,028
Greg Kobylka	3,048	104	350	3,502	1,698	722	2,420
Beverly Kostichuk (2)	1,400	49	364	1,813	3,100	774	3,874
John Nightingale	2,700		1,261	3,961	4,900	2,546	7,446
Jennie Ortynsky	1,913		464	2,377	3,700	795	4,495
Ivan Peterson	4,175	173	2,683	7,031	4,675	3,100	7,775
Albert Seib (2)	1,150	30	289	1,469	4,050	1,737	5,787
	<u>\$ 36,969</u>	<u>\$ 547</u>	<u>\$ 9,310</u>	<u>\$ 46,826</u>	<u>\$ 57,173</u>	<u>\$ 19,754</u>	<u>\$ 76,927</u>

(1) Benefits include employer Canada pension plan and all travel time.

(2) Term expired July 1, 2006.

Sunrise Regional Health Authority
Schedule of Senior Management Salaries, Benefits, Allowances and Severance
For the year ended March 31, 2006

Schedule 5 (continued)

	2006							2005			
	Number of FTE's	Salaries	Benefits and Allowances	Subtotal	Severance		Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
					Number of Individuals	Amount					
Joe Kirwan, CEO	1.00	130,123	18,776	148,899			148,899	1.00	140,103		140,103
Senior Positions											
Executive directors of:											
Lorelei Stusek, Finance & Information Services	1.00	102,292	14,876	117,168			117,168	1.00	114,615		114,615
Christina Denysek, H.R.	1.00	105,896	15,609	121,505			121,505	1.00	120,254		120,254
Allan Daelick, Operations	1.00	102,291	14,877	117,168			117,168	1.00	115,112		115,112
Suann Laurent, Health services	1.00	121,859	16,550	138,409			138,409	1.00	128,022		128,022
Martha Richards, Health services								0.64	72,628		72,628
Vince Bornyk, Community services	1.00	105,334	15,594	120,928			120,928	1.00	115,731		115,731
Michael Redenbach, Corporate planning	1.00	109,643	15,971	125,614			125,614	1.00	124,162		124,162
Dr. Michael Bishop, Chief-of-staff	1.00	109,860		109,860			109,860	1.00	108,437		108,437
	8.00	\$ 887,298	\$ 112,253	\$ 999,551	0	\$ 0	\$ 999,551	8.64	\$ 1,039,064	\$ 0	\$ 1,039,064

- (1) Salaries include regular base pay, overtime, lump-sum payments, honoraria and any other direct cash remuneration including sick leave and vacation.
(2) Benefits and allowances include car allowance, employee taxable education expense, personal allowance, relocation allowance, and RRSP's.

Governance and Transparency

The affairs of the region are guided by a 12-person Regional Health Authority, the members of which are appointed by the Government of Saskatchewan. The Regional Health Authority appoints a Chief Executive Officer who is responsible for the general administration and organization of the region. As of March 31, 2006 the RHA had ten members:

Ben Weber, Chairperson, of Yorkton; retired psychiatric nurse

Ivan Peterson, Vice Chairperson, of Hazel Dell; retired teacher and farmer

Irene Adams of Langenburg; retired teacher

Janet Hill of Yorkton; businessperson

Audrey Horkoff of Kamsack; farmer/rancher

Karen Keshane of Key First Nation; community health representative

Raymond King of Foam Lake; retired hospital administrator

Greg Kobylka of Yorkton; Saskatchewan Lotteries manager

John Nightingale of Esterhazy; retired mining executive

Jennie Ortynsky of Canora; retired nurse

The terms for Beverly Kostichuk from Insinger and Albert Seib from Melville expired during the 2005-2006 year and they did not seek re-appointment.

Public Transparency

The dates, times and locations of all public RHA meetings are listed on the health region's web site and are also distributed to local media outlets. Members of the public and area journalists are welcome to attend and observe the meetings. They can also contact the region and request to be included on the meeting agenda and make presentations to the RHA.

RHA meeting minutes, once approved, are posted on the web site and are public documents, as are the strategic plan and this annual report. Hard copies of the above can be obtained at the region's administrative office in Yorkton. Subsequent to all RHA meetings, a newsletter summarizing the meeting's highlights is distributed to all local media outlets. The targeted timeframe for distribution of the *BoardBrief* is 48 hours after each meeting's completion.

Community Health Advisory Committees

Six geographically-based Community Health Advisory Committees (CHACs) have been established for the purpose of providing the Sunrise Regional Health Authority with advice respecting the provision of health services. CHACs provide advice to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. A total of 13 CHAC meetings were held in 2005-2006, addressing topics including the health status of the population, strategic plans for the health region, recruitment and retention of staff and physicians, quality improvement processes, and finances. In addition, for the first time

the members of the six CHACs were invited to a common meeting with the Board to discuss the Board's strategic plan.

CHAC members are appointed by the Regional Health Authority. Prospective members may be recommended by the CHAC or other community groups or individuals, and are expected to complete a declaration of interest.

In addition to the Community Health Advisory Committees, the health region also has public/external participation on the Primary Health Care Regional Planning Team, the Mental Health Program Review Steering Committee, the Population Health Promotion Strategy Steering Committee, and the Chronic Disease Team.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Sunrise Health Region's 2005-2006 Payee Disclosure List can be accessed at http://www.health.gov.sk.ca/ph_rha_reporting.html, or can be obtained by contacting the Sunrise Health Region's Executive Office at 786-0110.

**SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2006**

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

ABDAI, LAURETTA	\$ 79,951	BOHN, ARLENE	55,098
ABRAHAMSON, DAWNA	82,816	BOHN, DEBORAH	68,872
ADAMS, JAIME	64,094	BOMBERAK, TANIA	58,456
AHUJA, PRAVEEN	67,080	BONICK, LOUISE	52,811
ALBRECHT, EMANUEL	83,803	BORGFORD, BEVERLEY	81,758
ANDREW, H ELAINE	75,915	BORNYK, VINCENT	105,334
ANDREYCHUK, FRANCES	68,503	BOYCE, TWILA	63,590
ANDRUSIAK, ELAINE	73,511	BOYCHUK, JANICE	64,109
ANDRUSIAK, FAYE	50,986	BOYLE, EILEEN	61,300
ANUIK, JOAN	70,160	BREITKREUZ, JAYNELLE	69,739
ARESHENKO, MARGE	64,798	BREITKREUZ, LAURIE	60,590
ARNESON, BRIANNA	64,109	BREITKREUZ, MARTHA	55,280
ARNOLD, SANDRA	113,009	BREZINSKI, ROSELINE	58,207
BABYAK, CAROLYN	67,047	BROWN RAYNER, ROXANE	57,099
BABYAK, TWYLA	74,154	BROWN, LYNDA	64,355
BACCHETTO, THERESA	63,530	BRYMER, DORIS	55,998
BADOWICH, WILLIE	59,754	BUCHINSKI, CANDICE	56,020
BAERR, JUDY	57,031	BUCHINSKI, LEANNE	52,742
BALES, SHERI	61,538	BUCHINSKI, SHARON	72,390
BARAN, PETER	55,634	BUCSIS, KIM	61,551
BARON, SANDRA	72,386	BUECKERT, BRIAN	66,413
BARTESKI, PAULETTE	60,437	BUECKERT, YVONNE	92,425
BASSINGTHWAITE, JOYCE	69,077	BUENO, JANET	66,401
BAUER, BERYL	73,485	BUHLER, DEBBIE	63,816
BEAR, CHERYL	65,429	BURBACK, DWAYNE	64,741
BEAR, SHEILA	65,994	BYBLOW, JACQUEL	60,436
BEAR, SUSAN D	62,743	CALEF, SUSAN	58,818
BEATTY, DONNA	66,451	CALLAGHAN, SHARON	63,092
BECKER, BREANNE	51,179	CAMERON, CAROLYN	63,100
BELL, SHERRY	63,201	CANFIELD, LINDA	70,932
BENDER, CAROLYN	50,820	CARNDUFF, KAREN	57,222
BENKO, LINDA	71,235	CHABOT, CHRIS	52,113
BERG, PAUL	74,219	CHAMPAGNE, GLORIA	69,190
BERGER, BEVERLY	83,024	CHEREWYK, ERNEST	64,227
BERGERMAN, DESIREE	58,256	CHEREWYK, STEPHANIA	53,293
BERRECLOTH, KAREN	65,873	CHERLAND, HENRIK	66,763
BILOKRELI, ROSANNA	64,249	CHERLAND, JOLEEN	65,236
BILYK, GWEN	65,293	CHICILLO, VIVIAN	67,315
BLENNER HASSETT, BONNIE	74,844	CHICOINE, ROSELYN	54,330
BLOMMAERT, HIDY	75,318	CHISHIMBA, PETRONELL	58,113
BLOMMAERT, LAURIE	54,605	CHOPTUIK, KAREN	68,646
BODE, SANDRA	56,322	CHUNDU, MARY	65,550
BODNAR, JOANNE	71,340	CHUPA, BRIAN	62,283
BODNAR, SHERYL	66,914	CHUPIK, TERESA	60,730

CHURKO, JOANNE	119,566	FAHLMAN, JEANETTE	68,416
CHURKO, VALERIE	67,606	FALKINER, CHARLENE	87,509
CLARKE, LINDA	61,862	FEDORCHUK, KATHY	55,747
CLEMENTS, SHEILA	70,679	FENSKE, MARGARET	66,369
COBB, JANICE	63,891	FENWICK, SHERILYN	56,871
COLEMAN, DEBBIE	62,000	FIEGE, PATRICIA	57,968
COMBRES, GILBERT	65,514	FIELDING, ROGER	50,368
COTE, ELAINE	59,778	FIESELER, JUDY	64,093
COTTENIE, DEBORAH	69,630	FITZPATRICK, PHYLLIS	94,943
COTTENIE, KATHERINE	57,577	FLAMAN, JANICE	64,956
CRAIG, BLANCHE	73,293	FLUNDER, ADELIA	56,799
CRELLIN, ROY	66,971	FLUNDER, LORRAINE	62,783
CYMBALISTY, PHYLLIS	66,258	FOGG, MARIANNE	69,773
CYR-PHILIPCHUK, SUSANNE	61,082	FOGG, SHELLY	53,093
DAELICK, ALLAN	102,291	FOX, SHERRELL	68,070
DAHLIN, LIVIA	65,789	FRANKE, JULIETTE	71,971
DALES, CHERYL	72,255	FREDERICKSON, JUDY	65,074
DANYLUK, MILDRED	113,341	FRICK, GRACE	60,284
DAREICHUK, RUTH	88,389	FRICK, LAURIE	50,470
DAUM, GAYLE	93,674	FRITZKE, JANICE	61,425
DAVIDSON, BETTY	63,585	FROELICH, PERRY	60,694
DEBRUIN, MAVIS	62,175	GABRIEL, DONALD	51,824
DECORBY, ALLISON	66,449	GABRIEL, TRACY	50,111
DEDMAN, BRENDA	64,374	GALIZ, TRACY	68,009
DEGENHARDT, CINDY	50,631	GARTNER, HEATHER	51,505
DEN BROK, LORI	70,797	GAUDRY, JON	55,785
DENNIS, LORRAINE	60,263	GAWRYLIUK, DONNA	69,796
DENYSEK, CHRISTINA	105,895	GAZDEWICH, EMILY	55,129
DERKACH, HILDA	71,074	GEMBAY, DEBORAH	55,596
DETERS, CAROL	67,950	GIBB, KENDRA	51,665
DIEHL, JANET	62,430	GRIFFITH, DOROTHY	62,749
DIERKER, JEAN	53,432	GRIFFITH, WENDY	57,183
DIERKER, TAMSEN	60,215	GRODZINSKI, LISA	65,436
DILTS, JUDITH	69,514	GRUNERT, BONNIE	65,165
DOBKO, KIM	62,837	GRUNERUD, MARCIA	57,148
DOBKO, ROBIN	50,923	GRYWACHESKI, DEBORA L	65,594
DOBMEIER, TAMARA	57,982	GULKA, BECKY	69,888
DONALDSON, SCOTT	63,408	GULKA, LESLIE	69,138
DOWNIE, SUZANNE	54,712	GUY, JOY	87,490
DRESSLER, JOAN	66,040	HAGGARTY, BLENDIA	56,696
DUBELT, AGNES	67,292	HALYK, EDITH	65,440
DUBNYK, NANCY	86,651	HALYK, JANE	52,053
DUDA, SUSAN	64,893	HALYK, THERESA	65,170
DUNCAN, SHERRYLEE	67,620	HAMILTON, GAYLENE	63,975
DURDIN, HELEN	92,611	HANCOCK, MARGARET	83,722
DUTCHAK, MONICA	66,350	HANLINE, SYLVIA	64,498
DYKUN, KIMBERLY	69,364	HANNAH, JANICE	64,238
EDLIN, ROBERT	64,104	HANSON, CINDY	52,676
ELASCHUK, SUZANNE	66,722	HARVEY, SYLVIA	51,469
ELLIOTT, TERESA	52,585	HASSETT, TRACY	64,140
ELLIS, JACKIE	53,847	HASSLER, RAYE	63,055
ELMY, VERENE	71,342	HATTON, IRENE	52,610
ERHARDT, LORETTA	71,610	HEGEDUS, MELVINA	57,007
ERICKSON, GLENDA	53,160	HERMANSON, MARION	65,430
EXNER, MARNI	60,902	HESHKA, LORIE	92,353
FAGRIE, OLIVIA	61,273	HILTON, FRED	53,049
HLUCHANIUK, COLLEEN	67,401	KLUK, DAVID	102,213
HODGES, TERRACE	83,898	KLUK, GEORGETTE	78,467

HOFFMAN, JANET	69,597	KLUK, SHELLEY	62,774
HOLLMAN, JOANNE	52,104	KOBAN, GERALDINE	54,918
HOLOVACH, BARBARA	62,984	KONAN, MELODY	65,944
HOLOWACHUK, KIMBERLEY	63,875	KORMOS, BARBARA	74,262
HOLOWATUK, GREER	69,978	KOSKIE, SUSAN	69,583
HOLZMANN, JACQUEL	55,828	KOTIN, SVETLANA	243,690
HONEYWCH, GERALDINE	64,644	KRAYNICK, KAREN	69,442
HORDICHUK, ERNEST	134,521	KROCHAK, CARLA	66,448
HORNUNG, DIANA	69,344	KRUSHKOWSKI, JACQUELIN	59,115
HOVRISKO, JEAN	53,782	KRYKLYWCZ, PATRICIA	65,096
HOWARD, ARLETTE	63,720	KUNTZ, MICHELE	57,697
HOWE, BEVERLEY	74,005	KURYLUK, DOROTHY	66,216
HRYNIUK, CAROL	67,726	KUSPIRA, PAT	60,528
HUBIC, JOY	67,895	LAEVENS, BERNADINE	57,179
HUCKABAY, ANTHONY	76,931	LAJEUNESSE, KATHALEEN	52,048
HUDZINSKI, MARGARET	55,603	LAMBERTY, L CELESTE	51,588
HUGHES, DENNIS	57,521	LANGE, BARBARA	50,576
HULL, EVELYN	50,735	LANIGAN, CORI	54,922
HULL, JACKELYN	55,293	LARSON, LORI	74,507
HUTZUL, LYNNE	63,519	LAUBE, ANNETTE	65,977
IVANOCHKO, NINA	59,019	LAURENT, SUANN	121,858
JACOB, LEAANNE	70,138	LAW, VERNA	61,316
JAMIESON, DIANE	79,810	LAZURKO, DONNA	77,960
JAMIESON, LINDA	50,986	LEECH, HEIDI	60,835
JANSSEN, COLLEEN	57,196	LEGER, CAROLINE	63,585
JANZEN, PATRICIA	75,999	LEGGE, KAREN	67,683
JARVIS, JODI	55,268	LENDERBECK, ELEANOR	67,467
JESKE, GERTRUDE	62,905	LEONARD, KAREN	61,797
JOHNSON, CATHERINE	66,075	LEONARD, SERGE	66,115
JOHNSON, SHEILA	52,200	LEPPINGTON, BRENDA	64,183
JONSON, LOIS	65,170	LIEBRECHT, WILMA	75,585
KACZUR, SHERRIE	95,149	LINDGREN, WENDY	50,236
KAISER, SHANNON	67,164	LINGL, ARLENE	51,626
KANNENBERG, ANITA	50,775	LINK, DEBRA	65,451
KARKUT, BERNADETT	50,954	LITKE, KAREN	66,532
KEIL, FERN	62,485	LIVINGSTONE, PATRICK	63,957
KELLER, LORI	77,977	LOMBARD, HERMANUS	285,411
KENDEL, ANN	51,047	LOVERIDGE, KAREN	66,636
KENNEDY, DAWN	63,418	LOVERIDGE, LINDA	82,278
KEYOWSKI, EVELYN	73,009	LUBINIECKI, BRENDA	52,290
KEYOWSKI, JANICE	58,431	LUCIW, HOPE	55,774
KEZIMA, LINDA	54,341	LUDWAR, KIM	52,405
KIDDER, MICHELLE	56,316	LUTZ, KAREN	65,677
KINDRATSKY, ILONA	83,088	LUTZ, YVONNE	53,703
KING, MARGARET	62,847	LYSAK, LORRAINE	81,457
KIRK, BEVERLY	50,048	LYSIUK, DEBRA	84,099
KIRSCHMAN, KELLY	57,628	MACKENZIE, BRENDA	64,998
KIRWAN, JOSEPH	130,124	MACLEAN, BRENDA	62,085
KITCHEN, RONALD	50,988	MACZA, SHELLY	50,669
KITZ, LINDA	50,472	MAIER, PAULINE	57,649
KITZ, SHARILYN	67,021	MAKSYMETZ, HAROLD	56,618
KITZUL, LAURIE	59,306	MAKSYMIW, DORIS C	66,139
KLAPAK, DANA	56,171	MALAYNEY, CHARLENE	69,089
KLAPATIUK, JANET	71,855	MANASTYRSKI, LOEN	50,542
MARCYNIAK, GAIL	60,607	OFF, EUNICE	77,786
MARTIN, SHAWN	55,719	OKRAINEC, LOIS	64,102
MARTSINKIW, DARREN	62,325	OKRAINETS, LAURAL	51,602
MATECHUK, MARION	80,654	OLIJNYK, MICHELLE	81,372

MATISHO, MARGARET	74,951	OLSON, SHIRLEY	53,081
MATSALLA, JAMES	76,640	ONSLow KITZAN, DEBRA	68,002
MAURER, VIRGINIA	57,129	ONSLow, DARLENE	72,690
MCCLINTON, JAMES	50,053	OSTAFICHUK, MAYNARD	59,672
MCCLINTON, SYLVIA	54,760	OSTAPOVICH, EUGENE	55,781
MCCORMICK, DONNA	69,170	OSTAPOWICH, VICTORIA	50,388
MCDONALD, LYNN	55,393	OSTLIE, CAROLINE	79,559
MCGILL, GLENN	75,733	OUCHAREK, JOAN	65,861
MCGONIGAL, KEVIN	50,333	PACEY, BEVERLEY	69,058
MCGONIGAL, TERA	60,813	PACHAL, SHIRLEY	60,245
MCINTYRE, DONNA	62,595	PADAR, SANDRA	77,178
MCKEE, BRENT	61,856	PALCHEWICH, ELIZABETH	66,580
MCKIBBIN, KATHY	55,730	PARKVOLD, CARRIE	66,161
MCLAREN, MARIA	74,580	PARKVOLD, JASON	63,514
MCLELLAN, GLADYS	73,897	PARROTT, EDNA	77,612
MCNEIL, KELLY	51,131	PARSONS, GAIL	54,179
MEDLANG, DARLENE	75,587	PASKARUK, ROBERT	54,951
MEHLING, CHARMAINE	63,047	PASLOSKI, BRENDA	62,883
MELNYK, EILEEN	80,965	PAWLIW, LOIS	60,876
MICHALCHUK, SANDEE	51,416	PEESKER, SHIRLEY	50,527
MILBRANDT, DONNA	85,786	PELECHATY, CARLA A	60,023
MILLER, WADE	60,951	PENIUK, MARILYN	63,367
MILLHAM, JAMIE	68,868	PEREPIOLKIN, PATRICIA	59,716
MIRCHANDANI, MUKESH	301,813	PERRAULTSTREETER, LISE	65,511
MITSCHKE, THOMAS	52,159	PETRIE, ELEANORE	62,752
MOHR, SHIRLEY	78,683	PFEIFER, LORNE	64,097
MOLNAR, KARA	64,664	PICKARD, VIRGINIA	73,282
MORASH, LORI	53,590	PIERCE, SHIRLEY	64,014
MOSIONDZ, CHERISE	79,410	PILIPOW, JANICE	57,450
MOTTER, SHARON	69,592	PINDER, LENORE	57,110
MOUNTENAY, SHERI	51,691	PINDUS, SHAWN	64,293
MROZOWICH, JERRY	54,126	PODOVINNIKOFF, JANIE	76,294
MURPHY, VIVIAN	66,262	POLLOCK, ONEY	64,118
MURRAY, CARA	58,103	POLLOCK, SHAUNA	67,570
MURRAY, SANDRA	69,756	POPOFF, ANDREA	56,088
MUSSELMAN, JOYCE	54,221	POPOWYCH, JANE	63,941
MUSYJ, ELAINE	50,681	POTT, PAMELA	56,071
NAGY MALINOSKI, CORREEN	69,033	POWERS, KIMBERLY	57,421
NAPADY, KIMBERLEY	97,843	POZNIAK, DEBORA	68,857
NASBY, AARON	66,690	PROBE, JUDY	58,730
NAWAZ, NAVA	265,659	PROPP, LEANNE	62,615
NECHVATAL, LORNA	52,527	PRYCHAK, SHERI	73,226
NELSON, DARLENE	64,141	PUCKETT, SHELLY	51,125
NELSON, JANE	82,941	PURITCH, MEL	74,019
NICHOL, LYNN	56,155	RANSOME, LISA	57,685
NICHOLLS, CATHERINE	51,906	RANSON, JUDY	73,728
NICHOLLS, KARLA	51,280	REDENBACH, MICHAEL	109,648
NIECKAR, GAIL	59,815	REDENBACH, TARA	65,148
NORDSTROM, PATRICIA	63,584	REGIMBAL, RENEE	66,109
NORMAN, DIANNE	65,522	REIMAN, DEBRA	79,554
NYSTROM, TANYA	76,715	RENKAS, ELEANOR	55,264
O'BYRNE, MARDEL	61,200	RENKAS, SHELLEY	77,267
RHINAS, MYRNA	75,734	STANLEY, JACKI	54,818
RIEGER, LINDA	77,671	STATKEWICH, JACOMINA	68,743
ROBERTSON, GAYLEEN	59,243	STECHYSHYN, DARLA	64,656
ROBINSON, ROBIN	67,801	STECHYSHYN, ELSIE	65,786
RODGER, PEGGY	94,740	STEELE, LOUISE	67,732
ROLL, S JUDITH	66,056	STEELE, SCOTT	69,502

ROMANOW, DIANNE	56,940	STELMACOWICH, DARLENE	73,529
ROSE, JEAN	58,041	STEPPAN, LAUREL	94,399
ROSS, ROANNA	61,423	STEVELY, KAREN	55,011
ROZDEBA, CRES	58,540	STEWART, SUZANNE	58,107
RUDY, SHARON	58,503	STOKES, SANDRA	65,314
RUSHKA, MARGARET	98,130	STOLL, MOIRA	62,428
RUSSELL, ANNA	70,437	STOPA, PATRICIA	73,989
RUTZKI, KIM	59,934	STOYKO, WENDY	65,040
SAALMANN, BEATE	67,385	STRATECHUK, TWYLA	72,143
SAGAN, MARLENE	62,253	STRENDIN, LYNN	60,969
SAND, CONNIE	53,527	STRINGFELLOW, CAROLINE	63,019
SANFTLEBEN, LAURA	56,356	STROEDER, DEBORAH	56,710
SAWKIW, KAREN	52,106	STROMBERG, PATRICIA	65,832
SCHAAB, LORETTA	56,597	STRUKOFF, GAIL	65,464
SCHENDEL, JANICE	62,509	STRUTYNSKI, MARTHA	64,943
SCHERGEVITCH, THERESA	69,427	STUMBORG ROSIN, VIRGINIA	65,601
SCHICK, DELORES	58,660	STUSEK, LORELEI	102,291
SCHICK, JENNIFER	67,411	SUEHSSCHLAF, KAREN	51,112
SCHINDLER, DURRIE	83,353	SUSCHINSKY, DOREEN	81,250
SCHMIDT, KENT	68,750	SUTCLIFFE, DEBRA	64,781
SCHRAMM, DAWN	66,315	SUTTER, DAVID	75,099
SCHULTZ, RHONDA	72,022	SZABO, TRENT	69,944
SCRATTON, ARLENE	71,898	TANGJERD, ARLENE	66,694
SEELEY, WENDY	68,359	THEBAUD, ROSELLA	59,701
SEIB, JOANNE	62,612	THIES, KIMBERLEY	63,075
SEMESCHUK, RODNEY	56,914	THOMSON, FRED	51,578
SHAHAB, SAQIB	166,395	THOMSON, KAREN	52,454
SHARP, LESLIE	52,816	THOMSON, KIMBERLY	63,365
SHARPE, GEORGINA	62,037	THORLEY, LINDA	75,911
SHEPPARD, MICHELLE	58,731	THORSTEINSON, JUDY	57,764
SHEWCHUK, PHYLLIS	76,891	THREINEN, DONNA	77,195
SHINKEWSKI, MARUSIA	59,956	TOMSKI, GLADYS	108,944
SHIVAK KWEENS, DAWN	62,279	TRATCH, KAREN	54,504
SHUMAY, BRENDA	77,746	TROPIN, SHARON	59,686
SHUMAY, SHERRY	50,297	UNCHULENKO, CAROL	67,737
SHWAGA, KOLI ANN	86,823	VALLEE, MARIE	61,827
SICHKARUK, DIANNE	50,147	VAN WERT, SANDRA	57,556
SICINSKI, SUSAN	61,871	VANNESTE, LINDA	59,732
SIES, BRYAN	67,338	VAUGHAN HASTIE, SANDRA	66,964
SIMINOFF, MYRA	68,738	WAGNER, GREGORY	62,942
SIMPSON, JANET	64,813	WAGNER, PATRICIA	57,196
SKORETZ, JOANNE	69,620	WALCER, MELISSA	50,899
SLONSKI, LINDA	64,224	WALCHUK, CYNTHIA	68,670
SOBKOW, ERNA	66,214	WALKER, SHERRI	65,146
SORSDAHL, GEORGE ED	85,043	WALLEN, BRENDALYN	51,396
SPYKERMAN, SUZEL	50,978	WALSH, BRENDA	81,232
ST MARS, RAY	54,087	WALSH, NOLA	64,102
STAMATINOS, LESLEY	75,787	WARBURTON, PATRICIA	78,242
STANICKI, SHARON	53,533	WEBER, WANDA	64,838
WEGNER, DAWN	77,166	BIOMED RECOVERY & DISPOSAL LTD.	55,005
WEISS, LEAH	60,658	BISHOP: DR. MICHAEL	99,269
WERLE, HAZEL	50,936	BLINDSMART	95,571
WERLE, LINDSAY	52,889	Boston Scientific Ltd.	55,361

WEST, TRACEY	55,576
WESTBERG, BEVERLEY	71,394
WESTERMAN, JULIA	82,335
WHITE, EVA	65,556
WILEY, LAURA	83,166
WONZEK, ANDREA	58,361
WUCHARUK, ROBERTA	69,034
WOICICHOWSKI, KAREN	74,135
WOODS, WILLIAM	57,850
WOTHERSPOON, DEBORA	66,364
WRISHKO, LYNN	71,186
WUNDER, LYNNE	65,617
WYONZEK, NANCY	68,381
YACYSHYN, MARY ANN	63,576
YAREMKO, CHERYL	71,805
YELLAND, DONNA	59,313
YEO, STEPHEN	53,390
YOUNG, JANA	57,598
ZILCH, MARGARET	55,928
ZUCKMAN, NANCY	53,198
ZULYNIAC, CURTIS	68,639
ZULYNIAC, SHARON	59,002

Transfers

Listed, by program, are transfers to recipients who received \$50,000 or more.

PARKLAND ALCOHOL & DRUG ABUSE	\$ 144,918
PARKLAND EARLY CHILDHOOD INTERVENTION PROGRAM	59,716
S.I.G.N. - INDEPENDENT LIVING	95,104
S.I.G.N. - VOCATIONAL	100,345
S.I.G.N.	290,639
ST. ANTHONY'S HOSPITAL	242,290
ST. PETER'S HOSPITAL	999,318

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

A&S TRANSPORT	\$ 190,285
ABBOTT LABORATORIES - ROSS / PHARMACY	183,718
ACMI CANADA INC.	68,465
AIZER CONTRACTING INC.	152,545
Alcon Canada Inc.	430,989
Arjo Canada Inc.	333,829
Beckman Coulter Canada Inc.	188,925

Supplier Payments Continued

Brathwaites Olivier Medical Inc	76,396
BRENNAN OFFICE PLUS	64,151
BRIDGE BRAND	980,466
BROADWAY MEDICAL CLINIC	152,638
BUNZIL CANADA INC.	194,804
BURGER, DR. J.	152,638
C.U.P.E. - LOCAL #4980 REGION	942,981
Canadian Corps of Commissionair	135,056
CANORA AMBULANCE CARE (1996) LTD.	403,867
CAON SERVICES INC.	66,250
Carsen Group Inc.	159,802
CEG Energy Options Inc.	734,363
CITY OF YORKTON	294,792
CLARICA/SUNLIFE CENTRAL	181,312
CLARK ROOFING (1964) LTD.	334,881
CMHA - Sask. Division	90,388
COETZEE, DR. J.	133,864
Cook Canada Inc.	86,077
COTTENIE AND GARDNER INC	78,409
CPDN 3130827 Canada Inc.	824,557
CRESTLINE COACH LTD.	70,918
CRESTVUE AMBULANCE SERVICE LTD.	645,370
DAS: DR MADHAVAN S.	276,526
DICTAPHONE CANADA (1995) INC.	67,055
Dowie Quick Print Ltd.	66,868
DUCK MOUNTAIN AMBULANCE CARE LTD.	515,502
EBCO INDUSTRIES LTD.	50,716
ENERGY GUARD WATER TECHNOLOGY	77,297
EYBERS: DR. VON WELFLING	112,779
FAMILY & FRIENDS COMMUNITY	851,699
FOURIE, DR. P.	124,842
Fresenius Medical Care Canada	63,422
FUTUREMED HEALTH CARE PRODUCTS INC.	188,497
GAMBRO	106,890
GE CAPITAL CANADA INC.	50,504
GRAND & TOY	120,975
Great West Life Assurance Compa	508,744
Hahn: Dr. J. A.	517,181
Haque, Dr. M. N.	62,751
HILL-ROM CANADA LTD.	63,096
HORIZON COMPUTER SOLUTIONS	272,627
HOSPIRA HEALTHCARE CORP.	414,499
INDEPENDENT AGENCIES	213,859
INVICTA SECURITY GROUP, THE	50,334
J.B. Medical (Bowers)	123,383
Janssen-Ortho Inc.	235,752
Johnson & Johnson Medical Produ	72,363
JORDAN ASBESTOS REMOVAL LTD.	65,343
KIDS ZONE DAYCARE	118,670
KILBACH'S AMBULANCE SERVICE	80,528
KODAK CANADA INC.	70,141
STANTEC ARCHITECTURE LTD.	164,175
STERIS CANADA INC.	56,717
STRYKER CANADA-Fax to Stryker	563,288
SUPREME OFFICE PRODUCTS	120,118

LEE: DR. F. R.	105,090
LOGAN STEVENS CONSTRUCTION (2000) LTD.	92,356
MCKESSON CANADA/CALGARY	300,714
MED-COM COMPREHENSIVE DISPATCH	85,516
MEDITEK	85,271
Medtec Marketing	198,112
MINISTER OF FINANCE/REVENUE DIVISION	137,377
Momentum Health Information Sys	89,506
ODUNTAN: DR. O.	121,604
Ortho Clinical Diagnostics	421,962
P3ARCHITECTURE	81,585
PCL-MAXAM, A JOINT VENTURE	4,947,672
PHILIPS MEDICAL SYSTEMS CANADA	393,277
PRAIRIE DISTRIBUTORS (CENTRAL) INC.	72,765
PREECEVILLE AMBULANCE CARE('98	476,540
PRINSLOO: DR. W.	117,168
Public Service Superannuation Board	75,245
Public Employees Pension Plan	267,779
Quality Life Services	197,429
RECEIVER GENERAL FOR CANADA	27,718,154
REMUS: GAIL	50,328
RESIDENT TRUST ACCT	373,590
ROCHE DIAGNOSTICS/LAVAL,PQ	62,218
RUSNAK, BALACKO, KACHUR & RUSNAK	448,853
Russell Foods Ltd	108,71
S.A.H.O.	254,168
S.A.H.O. - Core Dental Plan	862,549
S.A.H.O. - Disability Income Plan	2,080,283
S.A.H.O. - Employee Benefit Programs	103,680
S.A.H.O. - Enhanced Dental Plan	2,151,838
SALIB: DR. M.	87,058
SAPUTO FOODS LIMITED	94,495
SASK UNION OF NURSES	350,305
SASK. ABILITIES COUNCIL /YKTN	60,727
Sask. Energy	1,203,627
Sask. Power	1,468,791
Sask. Property Management	861,221
Sask. Tel	447,555
Sask. Workers' Compensation Board	2,179,676
Saskatchewan Health Employees Pension Plan	9,275,775
SASKATOON HEALTH REGION/HUMBOLDT	62,242
Schaan Healthcare Products	1,172,789
SCHOEMAN, DR. CORNE	113,864
SHAMROCK AMBULANCE/WYNYARD	205,119
SHERRING GOLD LTD.	64,600
SMITH: DR. HAROLD M.B.	120,000
SODEXHO SERVICES CANADA	338,225
SOFTCHOICE CORPORATION	68,670
SOUMBASIS,DR. E.	138,144
Source Medical	416,259
SPIES: DR. C	60,000
SRNA	165,026

SWAN, DR. NADINE	111,742
SYSCO/SERCA	824,977
THE STEVENS COMPANY LTD	142,120
TIM SLATTERLY/HEALTH SCIENCES ASSOC	76,673
TSATSI: DR. L.D.R.	441,038
TYCO HEALTHCARE GROUP CANADA INC.	417,705
UNISOURCE CANADA INC.	57,953
VAN HEERDEN, DR.	134,436
VITALAIRE HEALTHCARE	166,046
YORKTON STEPPING OUT ADVISORY COMMITTEE	50,000

Other Expenditures

Performance Management Summary (Indicator Tables)

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an accountability framework and accountability documents with each health region that define and clarify the performance relationship between authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators/measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on technical interpretations and definitions of the indicators below, refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled ¹ as of March 2006	November 2003 (accreditation with report)	not applicable	not applicable	to be determined
Number of client contacts with the regional Quality of Care Coordinator to raise a concern 2004-2005	280	not applicable	not applicable	to be determined
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days 2004-2005	89%	83%	58% – 96%	to be determined
Percentage of critical incidents meeting timeframe for notification (3 days) 2005-2006	100.0%	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) 2005-2006 ²	data currently not available	data currently not available	data currently not available	100% compliance

Indicator		RHA Value	Provincial Value	Range	Target
Health Human Resources					
Number of sick leave hours per full-time equivalent (FTE) by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	85.22	90.60	79.59 – 116.42	_____ ^s
	HSAS	49.80	64.00	45.01 – 123.48	_____ ^s
	OOS/OTHER ³	37.28	48.09	30.44 – 61.87	_____ ^s
	SUN	82.87	91.94	53.66 – 98.79	_____ ^s
	RWDSU ⁴	n/a	not applicable	not applicable	not applicable
	All Affiliations	80.07	85.18	69.24 – 103.96	_____ ^s
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	31.30	32.83	15.22 – 80.89	_____ ^s
	HSAS	35.20	24.75	0.35 – 88.09	_____ ^s
	OOS/OTHER ³	4.20	3.17	0.00 – 10.15	_____ ^s
	SUN	85.52	72.44	24.61 – 426.41	_____ ^s
	RWDSU ⁴	n/a	not applicable	not applicable	not applicable
	All Affiliations	39.66	38.06	17.96 – 130.02	_____ ^s
Distribution of health system full time equivalents (FTEs) by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	1413.66	not applicable	not applicable	not applicable
	HSAS	94.53			
	OOS/OTHER ³	127.29			
	SUN	365.45			
	RWDSU ⁴	n/a			
	All Affiliations	2000.93			
Number of lost-time WCB claims per 100 full-time equivalents (FTEs) 2005-2006		8.65	8.07	4.48 – 10.57	_____ ^s
Number of lost-time WCB days per 100 full-time equivalents (FTEs) 2005-2006		594.27	447.10	190.64 – 618.66	_____ ^s

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of employees self-identifying as Aboriginal 2003-2004 ⁶		1.1%	not available	not applicable	to be determined
Worked hours as a percentage of total hours by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	79.6%	79.3%	73.7% – 80.2%	_____ ⁵
	HSAS	82.1%	82.2%	76.4% – 84.4%	_____ ⁵
	OOS/OTHER ³	84.1%	84.0%	80.9% – 87.1%	_____ ⁵
	SUN	75.4%	76.0%	63.7% – 78.7%	_____ ⁵
	RWDSU ⁴	n/a	not applicable	not applicable	not applicable
	All Affiliations	79.3%	79.2%	73.2% – 80.4%	_____ ⁵
Financial					
Working capital ratio (current ratio) 2005-2006		0.36	not applicable	0.36 – 2.02	to be determined
Number of days able to operate with working capital 2005-2006		(62.41)	not applicable	(62.41) – 18.50	to be determined
Surplus/deficit 2005-2006		\$141,102	not applicable	(\$1,507,000) – \$5,002,000	\$0
Surplus/deficit as a percentage of actual operating expenditures 2005-2006		0.1%	not applicable	(1.2%) – 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported 2005-2006 [yes/no indicator]	Q1	Yes	not applicable	not applicable	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans ⁷ 2005-2006		n/a	not applicable	not applicable	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans 2005-2006		106%	not applicable	not applicable	100%

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) ⁹ 2004-2005		n/a	not applicable	not applicable	to be determined
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre ¹⁰ 2004-2005	Child / Youth	n/a	not applicable	not applicable	to be determined
	Adult	n/a			
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital ^{11,12} 2004-2005	Stroke	n/a	not applicable	not applicable	to be determined
	Brain Dysfunction	n/a			
	Spinal Cord Dysfunction	n/a			
	Orthopaedic Conditions	n/a			
	Neurological Conditions	n/a			
	Amputation of Limb	n/a			
	Major Multiple Trauma	n/a			
	Medically Complex	n/a			
	Debility	n/a			
	Cardiac	n/a			
	Pulmonary	n/a			
	Arthritis	n/a			
	Pain Syndrome	n/a			
	Other	n/a			
Acute Care Services					
Number of surgical cases ¹³ 2005-2006		3,400	not applicable	not applicable	14
Percentage of surgical cases performed as day surgery ¹³ 2005-2006		61.0%	54.4%	39.0% – 66.6%	to be determined
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames ¹³ 2005-2006	Priority Level II within 3 weeks	72.9%	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	87.6%	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	100.0%	84.2%	72.9% – 100.0%	80%

Indicator		RHA Value	Provincial Value	Range	Target
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services to be determined		data currently not available	data currently not available	data currently not available	to be determined
Case mix index for institutional supportive care facilities ¹⁵ as at the end of Q2 2005-2006		0.77	0.77	0.75 – 0.80	to be determined
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores ¹⁵ as at the end of Q2 2005-2006		20.7%	22.2%	15.2% – 29.8%	to be determined
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services to be determined		data currently not available	data currently not available	data currently not available	to be determined
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday ¹⁶ July 1, 2004 to June 30, 2005 ¹⁷	Diphtheria	76.4%	72.9%	50.0% – 86.5%	to be determined
	Measles	73.8%	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with <i>The Tobacco Control Act</i> in the category that includes: billiard halls/bingo establishments/ bowling centres/casinos/restaurants/ taverns 2005-2006 ¹⁸		data currently not available	data currently not available	data currently not available	90% compliance
Percentage of licensed or regulated facilities inspected each year (pursuant to <i>The Public Health Act</i>) 2004-2005	FEE – Food Eating Establishment	52.35%	not applicable	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	45.16%	not applicable	0.00% – 96.43%	
	LA – Licensed Accommodations	55.65%	not applicable	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	61.90%	not applicable	12.00% – 100.00%	
	Public Water Supplies	37.38%	not applicable	21.23% – 99.28%	

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers 2003 ²⁰	Males	22.6%	24.6%	20.8% – 40.7%	to be determined
	Females	23.3%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) 2004-2005		60%	68%	57% – 75%	to be determined
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions 2004-2005		46.7%	54.5%	35.7% – 80.9%	to be determined
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams March 2006		0.0%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year 2005-2006		0	not applicable	not applicable	not applicable
Regional Operational/Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams March 2006 [yes/no indicator]		Yes	not applicable	not applicable	Yes
Regional Operational/Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan March 2006 [yes/no indicator]		Yes	not applicable	not applicable	Yes
Regional Operational/Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements March 2006 [yes/no indicator]		Yes	not applicable	not applicable	Yes
RHA participated in 5-year evaluations of demonstration sites, as required March 2006 [yes/no indicator]		n/a	not applicable	not applicable	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay ²¹ 2004-2005	Average Length of Stay	17.1	14.4	11.1 – 18.0	to be determined
	Average Expected Length of Stay	12.2	12.4	9.0 – 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients ²¹ 2004-2005		27.4%	21.6%	17.9% – 30.3%	to be determined

Indicator		RHA Value	Provincial Value	Range	Target
Alcohol and drug inpatient treatment completion rate per 100 admissions ²² 2004-2005		n/a	64.3%	56.8% – 72.3%	to be determined
Average wait time for admission to alcohol and drug inpatient services to be determined		data currently not available	data currently not available	data currently not available	to be determined
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures 2005-2006		4.2%	not applicable	3.4% – 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births ²³ 2002-2004		4.5	5.9	4.0 – 10.5	to be determined
Low birth weight rate per 100 live births ²³ 2002-2004		4.8	5.4	3.7 – 6.0	to be determined
High birth weight rate per 100 live births ²³ 2002-2004		16.1	15.7	12.9 – 31.1	to be determined
Potential years of life lost per 100,000 population (age 0 to 74 years) ¹⁹ 2001	Circulatory Diseases	1208.9	951.5	817.9 – 1,208.9	to be determined
	All Malignant Neoplasms	1602.7	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	219.3	222.9	63.5 – 376.5	
	Unintentional Injuries	1150.0	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	421.4	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth) ¹⁹ 1996 ²⁴	Males	66.8	66.6	61.8 – 69.2	to be determined
	Females	70.1	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years) ¹⁹ 1996 ²⁴	Males	11.4	11.2	8.7 – 12.1	to be determined
	Females	12.4	12.7	8.4 – 13.2	
Life expectancy (at birth) ¹⁹ 2001 ²⁵	Males	75.6	76.2	72.1 – 78.2	to be determined
	Females	82.2	81.8	76.1 – 82.8	
Life expectancy (at age 65 years) ¹⁹ 2001 ²⁵	Males	16.6	16.9	15.6 – 18.0	to be determined
	Females	20.8	20.9	17.2 – 21.8	

Indicator		RHA Value	Provincial Value	Range	Target
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent ¹⁹ 2003 ²⁰		47.6%	59.5%	47.6% – 63.7%	<i>to be determined</i>
Percentage of population (age 18 to 64 years) who are overweight or obese ¹⁹ 2003 ²⁰	Overweight (BMI 25.0-29.0)	38.3%	35.8%	31.7% – 41.8%	<i>to be determined</i>
	Obese (BMI 30.0+)	25.3%	20.5%	16.4% – 27.2%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active/moderately active or inactive ¹⁹ 2003 ²⁰	Active / moderately active	44.7%	49.8%	41.7% – 56.1%	<i>to be determined</i>
	Inactive	53.0%	47.8%	41.0% – 56.4%	
Number of visits to a physician for a mental health reason 2004-2005	General Practitioners	18,651	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	Psychiatrists	587			
Age-adjusted diabetes prevalence rate per 1,000 population ²⁶ 2003-2004		55.7	<i>not applicable</i>	46.1 – 91.3	<i>to be determined</i>
Injury hospitalization rate per 1,000 population (age 0 to 19 years) 2003-2004	Males	14.2	11.1	8.4 – 28.7	<i>to be determined</i>
	Females	7.7	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) 2003-2004	Males	16.3	14.9	10.2 – 23.0	<i>to be determined</i>
	Females	29.9	25.4	0.0 – 38.3	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

- 1 The content of this indicator changed from the 2004-2005 summary (the date of [last or scheduled] CCHSA accreditation, instead of the accreditation status).
- 2 Data on critical incident written report submission will always lag by up to six months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005-2006 fiscal year.
- 3 The OOS/OTHER category includes all non-unionized employees on the SAHO payroll system, not just management personnel.
- 4 The RWDSU category is applicable to Regina Qu'Appelle only.
- 5 Benchmark development is still in progress for the health human resources indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
- 6 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003-2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan."

- 7 MRI indicator is applicable to Regina Qu'Appelle and Saskatoon only.
- 8 CT indicator is applicable to Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North only.
- 9 SHNB indicator is applicable to Prairie North only.
- 10 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
- 11 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.
- 12 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.
- 13 Surgical indicators are not applicable to Mamawetan Churchill River and Keewatin Yatthé.
- 14 The 2005-2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
- 15 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.
- 16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
- 17 The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004-2005 summary (July 1 to June 30, instead of calendar year).
- 18 Data on *Tobacco Control Act* compliance is currently not available due to system implementation issues.
- 19 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
- 20 The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004-2005.
- 21 Mental health inpatient indicators are not applicable to Heartland, Kelsey Trail, Mamawetan Churchill River, and Keewatin Yatthé.
- 22 "Alcohol and drug inpatient treatment completion rate" is applicable to Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan Churchill River, and Keewatin Yatthé only.
- 23 The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004-2005 summary. The time period also changed (three consecutive years, instead of five).
- 24 Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)," but it is not available at the regional level). Therefore, results will be the same as those reported for 2004-2005.
- 25 Statistics Canada calculates this measure every five years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004-2005.
- 26 Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004-2005 summary.

Appendix A

Supporting Documents Available

The following documents are available from the Sunrise Health Region at www.shr.sk.ca, or by calling (306) 786-0110.

- Strategic Plan and Key Initiatives
- Health Status Report
- Health and Healthcare in our Communities: Needs Assessment Executive Summary
- 2006-2007 Budget Documents
- Information Management Plan
- Physician Resource Plan
- Health Workforce Plan

